

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

VOL. XLV.—No. 8

MAY 1ST, 1938

PRICE NINEPENCE

CALENDAR

Sun., May 1.	—Cricket Match v. Rabbits. Home, 11.30 a.m.	Tues., May 17.—Dr. Chandler and Mr. Roberts on duty.
Mon., "	2.—Special Subjects : Lecture by Mr. Bedford Russell.	Wed., " 18.—Surgery : Lecture by Mr. Roberts.
Tues., "	3.—Dr. Gow and Mr. Vick on duty.	Cricket Match v. R.M.C. XXII. Away. 11.30 a.m.
Wed., "	4.—Surgery : Lecture by Mr. Wilson.	
Fri., "	6.—Dr. Graham and Mr. Wilson on duty. Medicine : Lecture by Dr. Gow.	
Sat., "	7.—Cricket Match v. Brondesbury. Away. 2 p.m.	Thur., " 19.— Last day for receiving other matter for the June issue of the Journal.
Mon., "	9.—Special Subjects : Lecture by Mr. Higgs.	Fri., " 20.—Dr. Gow and Mr. Vick on duty. Medicine : Lecture by Dr. Evans.
Tues., "	10.—Dr. Evans and Mr. Girling Ball on duty.	Sat., " 21.—Cricket Match v. Bromley. Home. 2 p.m.
United Hospitals' Flag Day.		Sun., " 22.—Cricket Match v. Romany. Home. 11.30 a.m.
Wed., "	11.— View Day.	Mon., " 23.—Special Subjects : Lecture by Mr. Bedford Russell.
Fri., "	13.—Prof. Christie and Prof. Paterson Ross on duty. Medicine : Lecture by Dr. Graham.	Tues., " 24.—Dr. Graham and Mr. Wilson on duty.
Sat., "	14.—Cricket Match v. Hornsey. Home. 2 p.m. Last day for receiving letters for the June issue of Journal.	Wed., " 25.—Surgery : Lecture by Mr. Girling Ball.
Sun., "	15.—Cricket Match v. Philanderers. Home. 11.30 a.m.	Fri., " 27.—Dr. Evans and Mr. Girling Ball on duty. Medicine : Lecture by Dr. Gow.
Mon., "	16.—Special Subjects : Lecture by Dr. Cumberbatch.	Sat., " 28.—Cricket Match v. Leavesden Mental Hospital. Away. 11.30 a.m.
		Mon., " 30.—Special Subjects : Lecture by Mr. Capps.
		Tues., " 31.—Prof. Christie and Prof. Paterson Ross on duty.

EDITORIAL

HOSPITALS' DAY

IN times past Flag Days were a menace. Each year they increased in number, until it became a matter of common prudence to take shelter from them. Just as to-morrow, when the air-raid arrives, we shall all dive into our garden dug-outs, so yesterday we would make one frantic rush for the safety of the London Underground system, and only emerge therefrom in the early afternoon when we hoped that the predatory flag-sellers might have retired for lunch. All that is over now. The police have been to our rescue.

Last year the first "Hospitals Week" was held at

the suggestion of the Commissioner of Police for the Metropolis. Although it was quite experimental, 108 of the voluntary hospitals were wise enough to co-operate in it. Hopes were justified, and this gesture was fully appreciated by the public. They subscribed £32,569 11s. 10d., which was an increase on the total collected by all the participating hospitals through their individual efforts in any previous year. Indeed an answer to those sceptics who condemned the whole scheme to failure from the first. This year over 135 hospitals have promised to participate.

IN spite of the general success of last year's Hospitals Week, the analysed results show quite clearly that St. Bartholomew's Hospital might have done better, and equally clearly they show that this was due to the comparative scarcity of our collectors. We fielded 602. This year at least 800 sellers are needed to cover the ground. To console us, however, the statistics show that man for man we can equal any hospital. The collector's

and lastly a depot in Chelsea. As far as is possible the choice of a base will be left to the individual collector.

Past experience has shown that certain times of day are more prolific than others. It is therefore important that there should be a maximum of collectors then, and not when everyone is happily ensconced in his office, and out of reach of the flower-trays. As the Meat Market works when other

RESULTS OF THE 1937 COLLECTION

	No. of sellers.	£ total collected.	Share of pool @ 3/- a seller.	Total to Hospital.		Each seller's average.	
				£	s.	d.	
Guy's	773	1034 0 0	115 19 0	1149	19	0	2 0 2
Queen Charlotte's	1179	934 10 0	176 17 0	1111	7	0	1 3 9
Westminster	1027	908 7 0	154 1 0	1062	8	0	1 6 6
Royal Free	870	698 17 0	130 10 0	829	7	0	1 4 1
St. Bartholomew's	602	655 11 0	90 6 0	745 17 0	1	12 8	
St. Mary's	613	622 7 0	91 19 0	714	6	0	1 10 5
St. George's	820	613 4 0	123 0 0	736	4	0	1 2 3

average of £1 12s. 8d. speaks well both for our persuasiveness and our importunity.

This year Tuesday, May 10th, has been fixed for the Flag Day of the General Hospitals of Inner London. As before, our collecting area is divided into two parts—the joint area around the Mansion House, which is shared with Guy's, the London, St. George's, the Royal Free and King's College Hospitals, and a special area to ourselves, which stretches from the Embankment in the south to Smithfield Market in the north, and from Chancery Lane, westerly, to the joint area on its eastern fringe. We have also been given a small territory in Chelsea.

There are six depots from which our collectors can descend upon the public : First the Mansion House, which serves the joint area, the Goldsmiths' Hall in Gresham Street, the Hospital, Bristol House in Holborn Viaduct, Anderton's Hotel in Fleet Street,

people are in bed, a few heroes will be wanted between 7 a.m. and 9 a.m. to tackle these ever-generous friends of ours. 9 a.m. to 1 p.m. is the best time for ordinary mortals, and as many collectors as possible should arrange therefore to work in the morning.

Lastly, we would like to remind you that whether you give your services for 10 minutes or for the whole day, you will count as one collector when the common pool is shared out, so may we ask everyone to lend their help to make this effort the success it deserves.

Times and places can be arranged with the representative of the Contribution Department, who will be found either in the Abernethian Room from midday to 1.30 p.m., or in the Cloakroom from 8.45-10.15 a.m., and from 4-5.30 p.m. Please give your names in early, and arrange as big parties as possible to collect for the Hospital.

CURRENT EVENTS

JOURNAL NEWS

This month we are including a Special Book Supplement as an experiment. Lately we have been receiving an increasing number of books for review, and we feel that an occasional large comparative selection will be useful to our book-borrowing public. If this Supplement meets with any appreciation we shall repeat it in the autumn.

We are disappointed in having had no reply so far from Old Bart.'s men who might help us to run a column of news for those who have left the Hospital. We trust sincerely that this diffidence will be overcome and that volunteers will come forward.

The last scrap of internal news is the retirement of our Sports Correspondent, Mr. GEORGE ELLIS, who, inspired by his new-gained freedom, has metamorphosed into the quite unrecognizable Doctor Ellis. We wish to congratulate him and to thank him publicly for his splendid reporting. His successor is Mr. MICHAEL WHITE.

BART.'S MUSICAL SOCIETY

It is with great pleasure that we learn from our Correspondence Columns that it is proposed to revive the Musical Society.

We feel that this fresh activity is but a symptom of the general awakening in the student life of the Hospital. The Students' Union Council shows a developing range of responsibilities ; the Abernethian Society goes from strength to strength, and new societies spring up overnight like mushrooms. Let us hope that they will not also be too soon gathered, tasted and forgotten.

SCHOLARSHIPS IN TUBERCULOSIS

The Italian Fascist National Federation against Tuberculosis is offering six scholarships at the "Carlo Forlanini" Institute at Rome.

These scholarships, of a value of 2000 liras, plus board and lodging, are to enable foreign practitioners to follow an eight months' course of study at the Institute (November 15th to July 15th).

The scholarships will be awarded preferably to young physicians already familiar with tuberculosis problems. Names of candidates, accompanied by particulars of their age, qualifications and past experience must be

forwarded to the Secretariate of the Union, 66, Boulevard St. Michel, Paris, not later than July 1st, 1938. No candidate will be considered unless his name is sent by a Government or by an Association belonging to the International Union for the Prevention of Tuberculosis.

POST-GRADUATE COURSE

This year the Post-Graduate Course will be held on June 16th, 17th and 18th. Next month full descriptive leaflets will be circulated with the JOURNAL.

NATIONAL DEFENCE

A lecture on "National Defence and the Medical Student" will be given on Monday, May 9th, by Lt.-Col. HOPE CARLTON, M.C., F.R.C.S., Commanding Officer of the Medical Unit of the University of London O.T.C.

The time of the lecture will be 5 p.m. The place will be posted later. All students and any others interested will be welcome.

ART EXHIBITION

So poor has been the response to the notices in the last few journals that it has been decided by the would-be organizers to postpone the exhibition for a month. It is hoped that this delay, coupled with the stimulus of the Easter vacation, may yet justify an exhibition.

BART.'S ALPINE CLUB

The Alpine Club is a mysterious body, whose members dwell in icy aloofness from each other for most of the year. However some twenty-five of them descended from their Olympian heights to meet in Pimm's Restaurant for the Annual Dinner. There was a difference of opinion as to what was the suitable dress, but all feeling was mellowed by Pimm's magic numbers. A traditional English dinner followed, and the after-dinner speeches fulfilled our highest hopes : there were no speeches. Instead, an adjournment was made to the Anatomical Theatre, where the small circle of climbers was augmented by the ghosts of the many who have died of boredom, to be entertained by Mr. R. W. BEAUMONT's account of last summer's expedition to the Caucasus.

The party ended at the absurdly early hour of ten-thirty, but an easy remedy was found across the road.

TWELFTH DECENTNIAL CLUB

The Second Annual Dinner of the Club will be held on Friday, May 13th, at the Café Royal, Regent Street, London, at 7.30 for 8 p.m. Dr. C. B. PROWSE will be in the chair. Dinner jackets.

MEDICAL SICKNESS, ANNUITY AND LIFE ASSURANCE SOCIETY

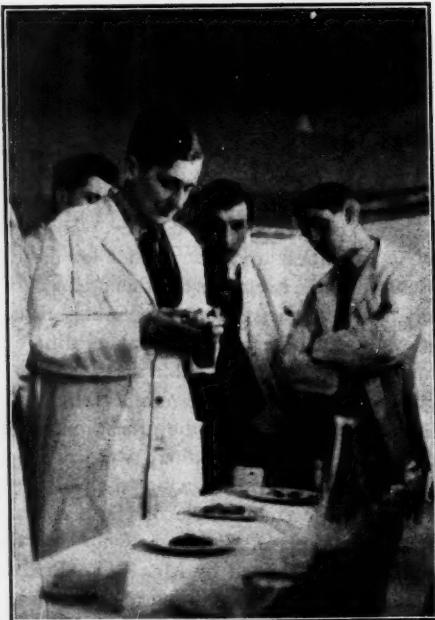
The 53rd Annual Meeting of this Society, which was held at the end of March, prompts us to write a few remarks about its scope and activities.

It is platitudinous to say that all doctors should be fully insured from the moment they are qualified, but there are still people who are not. These unthinking persons we would remind of the advantage of being covered for possible illnesses as well as the obvious wisdom of life insurance.

The report of the meeting speaks for itself: "The Sickness Fund showed heavier payments in claims due to the increase in the business and also to the serious influenza epidemic in the early part of the year."

Loans are also provided for the buying of practices.

OUR CANDID CAMERA



"Of course, you can give the patient Brand's."

RETROSPECT OF THE MEDICAL UNIT

By Prof. L. J. WITTS, M.D., F.R.C.P.

I HAD never intended to spend the rest of my life on the Medical Unit at St. Bartholomew's. The work is too consuming, and I imagine that after ten to fifteen years of it a man begins to feel burnt out. One is rather like a rocket that goes off with a bang about 9.30 a.m. every day and sinks expiring to the ground at 6 o'clock. Talking, listening, stimulating, repressing, doing too many things and letting a lot more slide, the life would be a revelation to those who regard it as a sheltered academic backwater. It is true that one is not likely to be called out at night or week-ends, so one is free to settle down uninterruptedly to try and catch up with the literature or to edit other people's papers. When I add that a professor of medicine is regarded as a perpetual member of the audience at funerals, prize-givings, appearances of charitable donors and the like, that his unit is the haven of visiting foreigners and sick students, doctors and their relations and friends, and that he keeps no terms, and his unit is for practical purposes always on duty, you will realize that the professorial leisure is a figment of the imagination. "When in the day do you sit down and smoke your pipe and think?" Woppard asked me, and I thought when indeed.

The task of the professorial units is threefold—the care of the sick, the education of the student, and the contribution to new knowledge. Each section of this triptych has its administrative aspect, in consequence of which the head of a unit is caught up in the committee work of the hospital, of the school, the university and the Royal colleges, and of learned societies and research bodies. When people say the professorial units have failed—and far too many people, both in the practice of medicine and in the pre-clinical sciences make this silly statement—what they really mean is that the professorial units have not added as much to knowledge as the pre-clinical departments or the research institutes. There is not the slightest doubt in the minds of those who have first-hand knowledge that the units have greatly improved the care of the sick and the training of the student. They have set a standard of investigation and teaching which has raised the level of treatment and of student education in all departments of the hospitals to which they are attached. From the point of view of the patient and the student, professorial units have been a complete success, and criticism of them is limited to their research activities.

I shall discuss research later, but those who believe that the first function of a medical school, including its professorial units, is the training of men, will be interested to learn the careers of those who have served on the Medical Unit at St. Bartholomew's since its inception in November, 1920. I am indebted to Mr. J. F. Paterson for getting out these details for me :

The first head of the Medical Unit, Sir Archibald Garrod, became Regius Professor of Physic at Oxford.

His successor, F. R. Fraser, left to start the Department of Medicine at the new Post-graduate School at Hammersmith.

L. J. Witts, the third in the professorial line, leaves to start the new Department of Clinical Medicine at Oxford.

Of the 40 men who have left after acting as house-physicians and/or assistant or assistant director :

10 are in general practice.

9 are in consulting practice on the staffs of non-teaching hospitals.

7 are on the visiting staff of St. Bartholomew's.

3 are on the visiting staff of other teaching hospitals.

7 are pathologists.

3 are whole-time research workers.

1 has died.

Thus half the men who have served on the Medical Unit are now engaged in work which brings them teaching or research. This seems to me a very good score, and I do not see how a unit which has trained men for so many important positions can be described as a failure. The credit for this skilful selection and training of men is Fraser's, and it has not received anything like the recognition it deserves. It is noteworthy as showing the straitness of the gate and the narrowness of the way that less than 1 in 13 has found a permanent post in whole-time research.

Research, of course, is one of our modern religion-substitutes. In the old days a professor took his wife and family to church on Sunday mornings, but now he goes to the laboratory to see that his experimental animals are all right. Some medical scientists talk about doing a little research every day with the same exaltation and the same confidence of spiritual blessing as my religious teachers when they talked of the value of regular prayer. Now I am not going to push this analogy too far or I shall reduce it to an absurdity and suggest that Madame Curie was nothing but an obsessional lunatic. But I do feel that some of my scientific colleagues who condemn the professorial units, and talk about research in tones appropriate to Pisgah and the promised land, are inviting the criticism of being too

conscious of their own salvation. My views on the value of a good deal of this research, except as a release for inner tensions and Messianic complexes, are rather acid, and I had better keep them back to mellow for another day. Let me say only that any body of ideas which has attached to it the emotional quality which attaches to the idea of research should always be subject to the most stringent criticism. There are at any rate two grades of research. When a Japanese first produced cancer by painting a rabbit's ear, or when an Austrian Jew discovered that ideas introduced under hypnosis could be recovered by free association, fundamental discoveries were made for which the world could ill have afforded to wait. The great mass of research, on the other hand, is journeyman stuff, of undoubted value to the world, like food or wireless sets, and like them capable of regular production by trained workers. If it is not produced in Smithfield it will be produced in Szeged or Lyons, and the chief anxiety of its creators is lest someone else should publish it first. Research of this second grade is not by its nature more sublime than healing the sick or educating the young, and it is hyperbole to say that professorial units have failed because their output of it has been small.

No, do not let us say that the units have failed, but do let us say that the unit professors have been dealt with unfairly in comparison with their clinical and their pre-clinical colleagues. They have been denied the rewards of practice and the rewards of research. For research is not something mystical and outside the range of ordinary human activities, nor is making bigger and better stomata in dogs necessarily more inspired than fretsaw work or meccano ; in fact it may be less original. But research is a creative activity which inspires a man for his teaching and treatment, and gives him satisfaction with himself and reputation with his contemporaries. " Honour, love, obedience, troops of friends " —it is hard to win these by treating hospital patients and teaching medical students, and in fact neither civil nor scientific honours have come to those who have devoted their lives to the professorial units. They have not had the prestige that comes from practice among the well-to-do, or the leisure that should be granted to men who choose an academic career. The head of a scientific department who keeps university terms and who has fixed teaching duties has no idea of the difficulty of finding time for research on a medical unit. The men who have had or who now have charge of the professorial units in this country started with as great gifts and as good a training as their contemporaries in other branches of medicine, and if they have not contributed as much to new knowledge, it must be because they have been given a task beyond ordinary powers. The problem the

medical schools have to solve is how to give their whole-time clinical professors the same amount of time free for research as their colleagues have for practice.

Well, I must leave you with this problem ; leave you, too, much sooner than I had intended. Quite frankly I envy my successor his beautiful new wards and laboratories, and all the friendship he will find at St. Bartholomew's. Every good hospital has a life, a tradition, and a body of knowledge of its own, to which those who enter may contribute a little, and from which they may take away much more. Thinking now, without having thought deeply before, I imagine that the things that will stand out in my memory of Bart.'s are the keenness of the whole staff on teaching, the survival amongst the physicians of the sound tradition of regular attendance in the post-mortem room, and the excellence of the thyroid surgery. And the criticisms ?—too many students, too much detailed committee work, and not enough non-medical administrative personnel. If I should dare to give any advice, it would be to have a good industrial psychologist study the working of the School, and advise how most efficiently to run the administrative and committee work, and how to provide more leisure for all its teaching staff.

TOMOGRAPHY

By A. MEYER, B.A., M.B., Ch.B., A.D.M.R.

IN the last few years radiologists have employed considerable ingenuity in their search for new techniques which might throw light upon the diagnosis of obscure pathological conditions. In the past it has been customary for clinicians to view the radiologist in an indulgent if not an actively hostile light. It has long been the boast of the clinician that he can interpret a straight X-ray as well as, if not better than, the professional radiologist. This boast has not been entirely idle. New refinements in technique, however, have reinstated the radiologist in the eyes of progressive clinicians, so that before long a physician or surgeon who endeavours to usurp the function of the radiologist may lay himself open to the charge of neglecting the best interest of his patient.

One of the more recent refinements of technique is the new branch variously called Tomography, Planigraphy or Sectography.

The first efforts at the construction of a practicable Tomograph were made on the Continent. The product proved to be a cumbersome and expensive apparatus.

It is to a British radiologist, Dr. E. W. Twining, of

Manchester, that we owe the simple and efficient modification which is in use at present at St. Bartholomew's Hospital. This was constructed on the premises by the Hospital engineer, Mr. E. Cavell Bratt, at a cost of about 30s., which compares favourably with the price of a modern continental apparatus—running into several hundred pounds.

In the past it has been the unpleasant experience of pathologist or surgeon to reveal lesions at autopsy or operation which could not be suspected from a scrutiny,

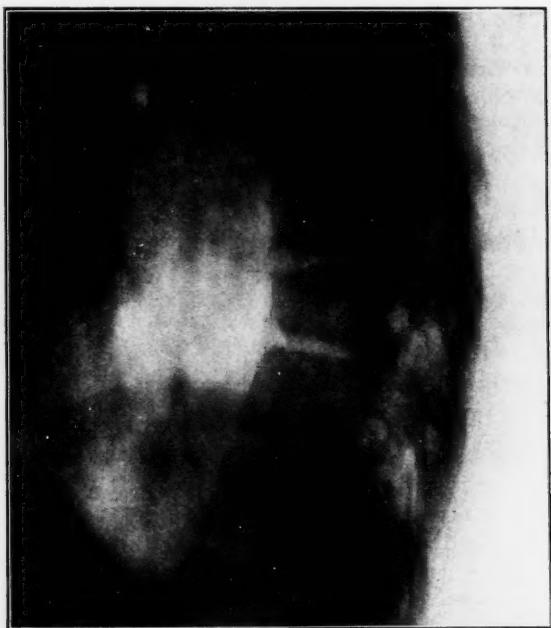


FIG. 1.—PATIENT R. M.—: TOMOGRAM SHOWING THORACIC SPINE WITH SCHEUERMANN'S DISEASE. THE CLEARNESS OF THE SPINE IS DUE TO THE FACT THAT OVERLYING RIB SHADOWS HAVE BEEN BLURRED AWAY.

however careful, of the straight X-ray films, and indeed this was not surprising, since the straight X-ray gives as it were a composite picture of the innumerable plane surfaces which make up a solid organ. Thus a lesion at one level may be obscured by intervening tissues at other levels.

For instance, a cavity in the depths of a lung may be completely hidden by the superimposed lung tissue, ribs, heart or vessels.

If therefore we are able to pick out individual planes in the lung, we can bring into relief, say, the cavity, and establish the diagnosis with more richness of detail than was possible before. Tomography enables us to do this.

Principles.

The principle of Tomography is simple. It is based upon the fact that when a moving beam of ray is passed through an object on to a film moving in the opposite direction, a plane at a definite depth in that object will be brought into focus, while other depths proximal and distal to it will be blurred out of relief.

Thus :

Point A will here be brought into relief on the film, whereas B and C will be blurred.

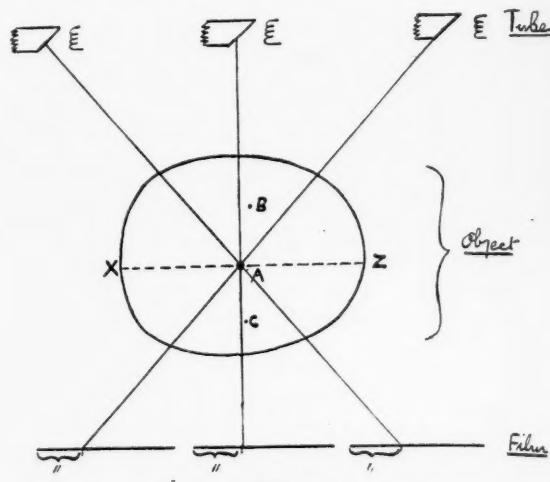


FIG. 2.

Similarly, every point along the plane X A Z will be brought into focus while all other points will be blurred. So that in effect the film will finally produce a record of the plane X A Z in the object, and structures in front or behind will be completely out of focus. In practice the thickness of this plane is found to be about $\frac{1}{4}$ in.

It is easy to adjust tube and film speed relation so as to bring into relief whatever plane we may desire to investigate.

Thus it is very simple to take a picture of the plane which includes the sternum. In this Tomogram none of the deeper structures such as the heart, lungs and spine, which in straight X-rays invariably obscure our view of this bone, will be visible.

Again, if we have reason to suspect a cavity in the lung, we can easily arrange to take a series of radiographs of the whole of the thorax in planes $\frac{1}{2}$ in. apart.

In this way we shall be certain to have investigated the plane which passes through the cavity, and this in fact is what we actually do when we wish to make a Tomographic investigation of a patient with pulmonary tuberculosis.

It does not require much imagination to envisage the

importance of this new diagnostic medium. I have indicated one field in which Tomography is invaluable.

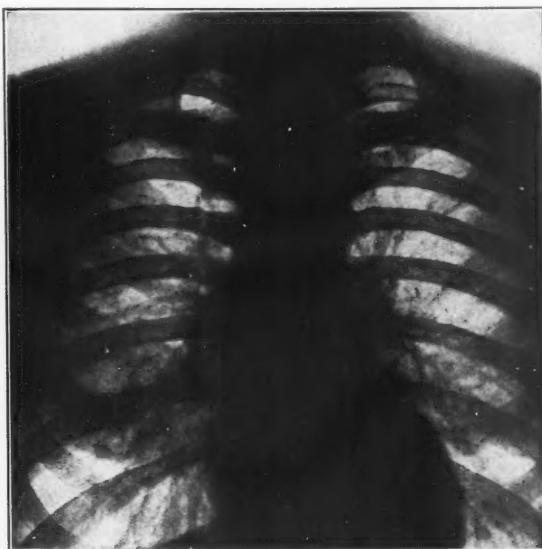


FIG. 3.—PATIENT H.—: PLAIN FILM SHOWING AREA OF IRREGULARLY DECREASED TRANSLUCENCE IN RIGHT MID ZONE.



FIG. 4.—PATIENT H.—: TOMOGRAm AT 6 IN. DEMONSTRATING LARGE THICK-WALLED CAVITY IN UPPER PORTION OF RIGHT LOWER LOBE. NOTE HOW CLEARLY VESSELS SHOW UP TOWARDS BOTH BASES.

We can also use it with obvious advantage in the investigation of radio-opaque tumours throughout the body.

A Tomograph will often demonstrate a sequestrum in a bone cavity when a straight X-ray will fail to do so.

Only Tomography at present will show temporo-mandibular and sterno-clavicular joints with clarity.

The spine can be clearly pictured in a Tomogram when it will often be obscured by ribs in a straight X-ray.

A Tomograph will reveal and also localize adhesions to the pleura after a pneumothorax. After thoracoplasty, a Tomogram will often show up residual cavities in the lung, and thus give a vital indication for future treatment.

In a word, whenever straight radiography of parts is hampered by intervening or overlying tissues of comparable densities, Tomography appears to be the investigation of choice.

Tomography, however, is a tedious and expensive investigation, for frequently up to thirty films are required for one patient.

Cases, therefore, require to be carefully selected. A straight radiograph is an essential preliminary; consultation between clinician and radiologist must then follow. It is only in this way that unnecessary and wasteful investigations will be avoided.

The refinements of Tomographic technique have by no means been exhausted. At present radiologists have confined themselves to coronal and sagittal planes of the body. Already ingenious workers are busy perfecting a technique for the investigation of transverse cross-sectional planes.

The limitations of radiology will recede still further when this modification is available to all.

I wish to express my grateful thanks to Dr. Finzi for permitting me to use the Tomograms appended to this paper.

From The Breviarie of Health . . . Compiled by ANDREWE BOORDE, Doctor of Phisicke : an Englishman. 1575.

The, 174. Chapter doth shewe of an infirmitie named Hereos

Hereos is the greke worde. In latin it is named Amor. In English it is named love sickle, and women may have this sickness as wel as men, yong persons be much troubled with this impediment.

This infirmitie doth come of amours which is a fervent love, for to have carnall copulacion with the party that is loved, and it can not be opteyned, some be so foish that they be ravished of theire wittes.

Fyrst I do advertise every person not to set to the hart that another doth set at the hele, let no man set his love so far, but that he may withdraw it betime, and muse not but use mirth and mery company, and be wyse and not foish.

THE ABERNETHIAN SOCIETY

By "O."

THE Abernethian Society held a meeting in Dr. Geoffrey Evans's house on March 31st to discuss the motion that "Whereas the trend of modern surgery is such as to preclude it from the arts, the practice of medicine becomes more and more of an art". The speakers were Mr. Keynes, Mr. Morse, Dr. Evans, Mr. Sinclair Loutit, Dr. Cullinan and Mr. Flavell.

Most of Mr. KEYNES's speech was concerned with the claim of surgery to be an art. His argument—"final as Judgment Day", as was once said of a speech by his brother—can be summarized in four of his own aphorisms which he himself quoted :

1. Surgery has often been proclaimed as an art, but it has in it nothing of creation, nothing of imagination, and it should be reckoned as one of the noblest of the crafts.

2. Surgery demands qualities of mind which are not to be found in men of real artistic genius. Swift decisions, a certain ruthlessness, an assumption of responsibility for the persons and lives of other people—these have repelled the artist whose means of self-expression require isolation and absence of responsibility.

3. Surgery as a craft requires the practical hand and mind for its accomplishment. Seeing, touching, doing are the three essentials for the education of the surgeon at every stage of his career.

4. The craft of surgery may be developed up to the highest level of skill of which the human hands are capable, and therefore can satisfy to the utmost the skill-hunger felt by so many.

Physicians, on the other hand, Mr. Keynes thought (or said he thought), were true artists. Think, for instance, of the mysterious combination of talents and learning required to produce—in others—a "natural" motion! All the same there was perhaps some irony in Mr. Keynes's expressions of admiration. Earlier in his speech he had quoted from William Blake :

"A Poet, a Painter, a Musician, an Architect : the Man or Woman who is not one of these is not a Christian.

You must leave Father and Mother and Houses and Lands if they stand in the way of Art.

Prayer is the Study of Art.

Praise is the Practice of Art"

—adding "we know what Blake would have thought of surgeons!" Was he really so sure that Blake would not have said of Dr. Evans or Dr. Cullinan, "He also is a most outrageous demon"?

Mr. Morse made an admirable and convincing attack on those who dismiss surgery as "digging in a deep dark

hole", and surgeons as "plumbers who when they cease to be plumbers become physicians". "The qualities required of a surgeon at operation are a very small part of his responsibility. He must have charge of his patient from first presenting symptoms to cure: he must select his case and consider the risk involved—a field quite unknown to the physician." After suggesting that the future of medicine lay in the "groping application of an ever-increasing body of science", such as had enabled Sir Leonard Rogers to stamp out cholera, amoebic dysentery and leprosy among the millions of India, he ended by reading a description by David Garnett of an appendicectomy, claiming that it showed what an art surgery could be (I wonder, by the way, if he'd say that Hazlitt's essay showed the same of prize-fighting?)

How is one to describe Dr. Evans's performance? It certainly cannot be reproduced in one's own words, and the notes for his speech, if they ever existed at all, would almost certainly have been like those of another brilliant improvisor who, after a magnificently eloquent lecture, was asked by a reporter for his "notes". Eventually a grubby piece of paper was produced; on it was the one word "Homer". But even the most copious notes would give no more idea of what Dr. Evans's speech was like than (as has been said in a similar connection) "the few dried specimens which travellers bring home suggest the wonder and fertility of distant lands". To judge from this speech Dr. Evans is one of those who achieve their best effects by contrast. The demeanour was dignified, even portentous; the expression unconscious of laughter; the clothes formal (yet—in their context—how picturesque!); the voice at once lugubrious and challenging (what a magnificent preaching voice it would be, by the way; when he said "borborygmi" it echoed round the room like a thunder-roll!). But the words of the speech were full of sudden brilliance, of a self-delighting exuberance of wit and comic invention.

Dr. Evans's argument (for the benefit of those who, like the character in *Howard's End*, "collect ideas as a squirrel collects nuts") was as follows:

You can tell that surgeons are artists and physicians are not by—

- (a) the difference in their hats;
- (b) the difference in their recreations (apparently surgeons paint water-colours, while physicians go badger-digging).

The rest of the speech, which included descriptions of two operations (from one of which it appeared that to Dr. Evans even a stethoscope is a surgical instrument!) may be called illustrative.

Mr. LOUTIT reminded one of the ingenious crammer who devised for his pupils an essay which, with the

adaptation of only two lines at the beginning and one at the end, would do equally for any subject. He made his adaptations well.

Dr. CULLINAN was in a better position, for he had gathered from one of the previous speakers (could he have meant Mr. Loutit?) what the debate was about, and thus was enabled to make a cheerfully pugnacious speech against the side which he had been advertised as supporting.

Mr. FLAVELL wound up the debate with an authoritative and eloquent speech which expressed, I imagine, the views of most present. He explained that neither medicine nor surgery had anything at all to do with art, and that we must resign ourselves to being technicians.

There were several other pleasant speeches (all by the President), and one sepulchral interjection from the Dean. Afterwards Dr. Evans gave us refreshments downstairs.

This was the first time that the Abernethian Society had held a meeting outside the Hospital, and accordingly there was some criticism of a "break with tradition". I am authorized to say, however, that there is no intention of altering the character of the Society; the usual meetings will be held in the usual places for the usual purposes. But it is hoped that, in addition, it may be possible to hold an annual meeting of a slightly different nature in a private house. For the Abernethian Society not to repeat what was so obviously enjoyed would be silly. Dr. Evans is to be thanked not only for his hospitality, but also for having (we hope) set a precedent for the future.

An easily prepared but useful drink for a beginning scury.

To a quart of Small-Beer (of six shillings per Barrel) or Small-Ale, put over Night about a handful of Scurvy-grass-leaves, and let the Patient drink this liquor at Dinner for his ordinary drink for six or eight Weeks together.

Another Medicine to increase Milk in Nurses.

Take Earthworms, wash them well, freeing them carefully from their Excrements, and from all adhering Earth and Filth. Then dry them so as they may not stink and yet be Pulverable. Of these, reduc'd to Powder, give half a Dram or two Scruples for a Dose, in Wine or any other proper Vehicle.

THE RUGGER DANCE

GUNTER'S new ballroom at 6, Stanhope Gate, had the night of its short life on April 9th, when it was invaded by Bart.'s merrymakers. The generosity of the dinner with which your correspondent was regaled before the dance prevented his arriving before 9.30, and by that time the party was in full swing. The bar downstairs was already crowded, the attraction, no doubt, being the conjuring display given in one corner by Dr. Cullinan, who was making corks appear and disappear in the most astounding fashion. The

rugger men and their girls are tough and no damage was done. Unfortunately your correspondent could not find a place at the cinema show, but heard from those who were more fortunate that it provided sixty laughs to the minute, and that there had been several cases of heat-stroke in the room where it was shown. Shortly after midnight there was a pause in the dancing, a thousand chairs appeared from nowhere, it seemed, and we settled down to enjoy a cabaret of old favourites. Never had Trevor Roberts scored such torrents of laughter, never had Ronald Gibson and Alan Thompson delighted their listeners so well, never had Joe Wheelwright had



"KEPT THE PARTY SPIRIT GOING."



"GLASSES WERE KEPT WELL FILLED."

attendants at this bar had the cunning that is derived from a close knowledge of their customers, and glasses were kept well filled. Your correspondent sampled their wares and went refreshed to the dance-floor above, narrowly escaping on his way hordes of hawkers who were trying to sell tickets for a raffle of champagne bottles. He noticed that Mr. Frazer and his fair partner were especially successful vendors. The irresistible rhythm of Mr. Aynstey's band saw to it that the dancing was full of zest, and it was clear that the students, no doubt owing to their exertions earlier in the day, were in danger of being outdone in energy by their seniors. Mr. Capps was not sparing himself, and even in his rare pauses for rest he kept the party spirit going. Dr. Donaldson was seen to especial advantage in the old-fashioned waltzes and the palais glide. As the floor filled up Kenneth Irving's technique, acquired in many a fierce scrum, was seen to be standing him in good stead ; but

such a response in the choruses of his songs, and we were loath to let them stop. Soon, however, the chairs disappeared, as mysteriously as they had appeared, leaving a thick carpet of cigarette ends. But these were soon swept aside by the dancers, who were now more vigorous than ever. Some northern spirits (Ed.—Whiskey?) seemed dissatisfied with modern ballroom methods and, led with more enthusiasm than skill by Peter Candler, executed some sort of reel in the ante-room. The onset of summer-time and the sudden loss of an hour reminded your correspondent of his bed ; a last glance at the bar saw it still well supported, a little noisier perhaps, but withal decorous, and then home. And so far as I am aware they may be making merry yet.

NATIONAL FITNESS

By GEOFFREY EVANS, M.D., F.R.C.P.

THE National Government has reflected the general desire for better health by passing the Physical Training and Recreation Act, 1937. Under this Act a National Advisory Council for physical training and recreation has been set up, and certain powers have been conferred on local authorities by means of which they are enabled to provide opportunities for physical exercise, including athletics, gymnastics, swimming, games and other forms of recreation. At the invitation of the Board of Education the British Medical Association has made an organized contribution to the national fitness movement by a series of 22 lectures which have been given daily at Olympia during the past month.

We members of the medical profession have individual opportunities of helping in this campaign. By personal contact with our friends and patients we can support the movement by explaining its scope, by sane observation on the relative value of rest and exercise, and by encouraging discussion on the advantages and disadvantages of exercise in various states of health, ill-health and over-fatigue.

It is largely a matter of personal opinion, but the matter is so important that it is worth while to attempt to describe some of the things on which good health depends from a doctor's point of view.

In the first place it is agreed that physical exercise is good and healthy. In fact one naturally speaks of "healthy exercise". But there are many who cannot afford the time or money which physical exercise involves. Others are so occupied by their day's work that they have not the strength or energy to profit by such exercise. They may even require the week-ends for rest. There are others, too, whose real pleasure is so much in their work or other activity that they do not care for physical exercise. One sees such people leading a hard and active life, happy and satisfied with what they are doing, and perfectly fit in spite of their continuous work. It makes one think that physical exercise may not be necessary for physical fitness, and that some other most simple basic factors may determine health. The first of these is the important relation in a man's life between the hours spent upright and the hours spent horizontal. It seems that if a man, or a woman for that matter, spends too short a time in bed at night, either by going to bed too late, or getting up too early, he or she ultimately contracts some illness which determines an extra length of time spent in the horizontal posture. Nature has great reserves on which any individual may draw for a number of years, but these reserves can be

exhausted, and when this limit is reached, something or other determines a period of rest in bed. It may be an obvious breakdown, a state of debility and vital exhaustion which generally goes by the name of a "nervous breakdown", or the determining incident may seem accidental, an attack of influenza, appendicitis, tonsillitis or other infection being apparently responsible. An illness which involves three weeks in bed immediately contributes more than 300 hours to the account of horizontal posture. For if a man usually spends eight hours of every twenty-four in bed he will gain sixteen hours a day by taking to his bed. We do not know all the factors which make for increased resistance to infection, but it will be generally agreed that a state of habitual fatigue undermines this resistance, and physical exercise does little of itself to increase it. This point of view may well be emphasized at the present day, because professional opinion is so prone to attribute states of malaise and debility to "low-grade" microbic infection. As a result there are many overtired or overwrought people who, in the hunt for a microbic factor, have teeth, tonsils or appendix removed, and benefit greatly by the rest in bed and subsequent convalescence which such operations necessitate.

The second basic factor to be borne in mind is the benefit of "beauty sleep". It has long been known that two or three hours spent in bed before midnight are worth four hours' longer sleep in the morning. This is because the body has work to do during the hours of sleep and requires energy for its good performance. Early to bed means a shorter day, and so the body benefits more in its hours of sleep by being less tired, and by having more reserves of energy for its anabolic and integrative activities during sleep. In family life there are often difficulties in arranging for an early hour for going to bed, but if the ideal of five nights in bed by 10 p.m. for those who are overtired is not attainable, two or three such early nights in each week are often possible, and one or two nights in each week may even begin at 6 p.m. Women require more rest than men. In one way or another they must have an average of half to one hour extra horizontal posture in every twenty-four, and it may be only through illness that they get it. In round figures this means an extra 150 to 300 hours in every year. Thus some slight illness which necessitates one to three weeks in bed gives them the extra rest they need. Neither can women maintain the same dead level of daily work day after day and year after year that can be achieved by men. There is a rhythm in all human life and output of energy. It is more obvious in women than in men. In comparison with women, man's work, both in its doing and when it is done, is less closely bound up in emotional response.

A simple and dogmatic statement of this kind takes count of the fact that some women are more like men in their reactions, and *vice versa*.

These remarks about the need for sufficient rest, and the strain of continuous work, need qualification. It would seem that if a man (or woman) is to retain a real zest and vigour in life he must have the urge, the power and the courage to work himself clean out at times. It is only by complete self-sacrifice to some objective that anything of much magnitude can be achieved in life, whether it is the birth of a child by a woman, or some physical or intellectual achievement by a man. It is perhaps for this reason that some men realize their own capacities for the first time in war. In more general terms a man has never reached his limits of achievement until he has trained himself to use, on occasion, his last reserves of strength. Games and sport have incalculable value in teaching men their power of doing more when they feel done. In contrast to this there is to be mentioned the power of physical relaxation combined with mind detachment, a power which is natural to some, and can indeed be acquired by most people fairly easily by instruction. With it there is generally the ability to do nothing when there is nothing to do. Habits such as these hasten recovery from exhaustion.

It may be in the reader's mind that these remarks are beside the subject, which is concerned with physical exercise, games, gymnastics and sport. It is a hard life which is without opportunity for these things, but there is muscular effort which can take their place. The main thing is an active life, a life occupied in doing, a life lived for a purpose, and more or less directed to the achievement of that purpose. If the life is sedentary, or if the occupation is intellectual, how can the voluntary muscles of the body (which form about 45% of the total body-weight) be kept in a state of healthy development and tone without setting aside a time for their exercise? The answer is simple. It is done by maintaining an upright posture in standing, and a correct posture in sitting. When standing up three additional movements are made to bring the body upright. These movements are to brace the knees, tuck in the tail, and lift the chest. Three great muscles come into play—the rectus femoris (vastus internus in particular), the glutei maximi, and the muscles of the abdominal wall (particularly the external obliques). The upright posture, when once acquired as a habit, is the one most easily maintained, and, unless one knows the difference between standing up and standing upright, energy is wasted in standing still. In sitting, too, the trunk, if it requires support, rests against a rigid bar at the level of the sacrum, and the chest is still kept raised so that the muscles of the abdominal wall retain their tone. Space hardly permits

elaboration of this subject, but it is obvious that a proper gait is as important as a proper stance and posture. The legs swing from the hips, each like a pendulum balanced by a pelvic tilt and a swing of the shoulders and arms. As the heel reaches the ground the knee is still slightly flexed. The weight of the body is transferred to the ground along the outer border of the foot, swings over to the inner side across the transverse arch, and the take-off from the ground at the end of each step is chiefly from the great and second toes. The feet are placed parallel or nearly so. Just as there is a movement of rotation in the subastragaloïd and astragalo-scaphoid joints in walking, so there is a slight rotary movement of the femur on the tibia as the limb reaches a position of complete extension in carrying the weight of the body forward over the perpendicular. A correct stance and posture in standing and sitting, and a free rhythmic gait in walking, with every muscle of the body working in perfect tune, is an objective of vital importance. It means a harmony of muscular activity in every minute of the day in contrast to elective exercise periodically interrupting a slack muscular life. Before leaving this subject of standing and walking, reference must be made to boots and shoes. We are responsible for the boots and shoes we wear. We demand them of a certain shape, and as a result good feet are uncommon. Corns, bunions, hallux valgus, hammer-toe and metatarsalgia are commonplace deformities and discomforts. To allow of a proper posture, and to walk with pleasure and ease, we must create in our patients a demand for proper footgear. The inside edge of the boot or shoe should be relatively straight. There should be sufficient width across the metatarso-phalangeal joints to allow of free movements of these joints in their casings. The boots or shoes must fit perfectly round the ankle and heel, for it is in this part that the footgear holds the foot. As a corollary to the extra width across the metatarsal joints, it follows that the sole carries the upper and the upper does not bulge over the sole. Lastly, the empty shoe or boot, bent between the toe and heel, should bend where the foot bends most in walking—at the metatarso-phalangeal joints. It should be noted, too, that the stockings or socks do not fit too tightly on the toes, and that they are both long and wide enough.

There are, of course, many other basic factors in the maintenance of health to which only passing reference can be made. The supply of sufficient calories and protective food substances with their quota of vitamins and essential minerals comes first. There is the good functioning of every system of the body to be taken into close account. There is the rhythm of the day's work alternating with peaceful sleep at night. A day's rest in each week is greatly to be desired, and beyond all this,

there is the physical and emotional adaptation to environment which depends so much in its perfection on reflex activity. As Pavlov remarked, "If the animal were not in exact correspondence with its environment it would sooner or later cease to exist. If instead of being attracted to food the animal were repelled by it, or if instead of running from fire the animal threw itself into the fire, then it would quickly perish. The animal must respond to changes in the environment in such a manner that its responsive activity is directed towards the preservation of its existence." Although Pavlov hesitated to apply the knowledge gained by his experiments on dogs to man, nevertheless such a simple statement as this is wholly applicable. In connection with this it may be remembered that standing, walking and the maintenance of postural balance are reflex actions, as Magnus and d'Akleigh have shown.

There is, of course, another aspect to this search for health with which we doctors are only too familiar. In 1757 John Armstrong, M.D., inscribed a poem to Hygeia, the goddess of health and daughter of Æsculapius, entitled, "The Art of Preserving Health." This poem deals largely with the so-called mental side of life. He writes, "Tis painful thinking that corrodes our clay." We know that some emotions, such as love and hate, are invigorating. Others, like jealousy, resentment and regret, are almost suicidal in effect, and fear is paralysing. Dr. Armstrong goes further, and writes that even the energizing emotions sap human strength if baulked in their expression :

" But anxious study, discontent and care,
Love without hope and Hate without revenge
And Fear, and Jealousy, fatigues the soul,
Engross the subtle ministers of life,
And spoil the lab'ring functions of their share.
Hence the lean gloom that Melancholy wears ;
The lover's paleness ; and the sallow hue
Of Envy, Jealousy ; the meagre stare
Of Sore Revenge : The canker'd body hence
Betrays each fretful motion of the mind."

This side of life, which is crucial to human happiness and means so much to health, is not likely to be forgotten now that a new interest has been awakened in psychology. It is a part of our work as doctors on occasion to explain to our patients the subtle workings of the mind, the power of emotion that is felt and unexpressed, and the influence of unrealized emotion that shows itself in inhibition and prejudice. If our patients can tell us what is in and on their minds, especially if they can tell us of their state of mind, we can often help them by explaining the origin of their state of mind, and by offering advice as to its management. As Dr. Armstrong said, "Tis the great art of life to manage well the restless mind".

But with all our interest in the workings of the mind

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we must do our best to realize the individual's personality as a whole. We must, for instance, try to realize the intellectual attributes. Infants in arms have understanding, like puppies. Intelligence exists without education. Knowledge comes with learning. It is incomplete without experience, and so conversation about sex or life and death leaves children vague. They do not cross their bridges before they reach them. Judgment is based on reason as well as experience. Intellectual capacity increases with achievement, and in great brains it may only reach its maximum development towards the end of life. Character, too, has its attributes, of which moral tone is one and loyalty another. It also has strength, tenacity and stability in varying degrees.

Beyond all this an individual's personality includes the indefinable thing which the late Robert Bridges (one time a student within our walls) called Selfhood. We recognize its being in self-control, self-sacrifice and self-expression. The fullness of self-expression has in its essence some spiritual sense, a sense that if satisfied gives the sensation of infinite peace, and if unsatisfied provokes a longing, almost a hunger. Some people develop this need in their nature by religion, others by philosophy or art. In some it is a warm glow that animates their being, in others it is cold and damp like a moonlit mist. However this may be, it is a thing to be aware of in others, a thing not spoken of because it is so tender and means so much. It hardly concerns a doctor in relation to his patients, but whether consciously realized or not, it binds great friends. More than this, it is the mainspring of belief and faith, without which an individual in the vicissitudes of life is like a leaf in the wind.

Analysis leads to difficulties, especially when the attempt is made to express much in a little space. It is well, therefore, to end on a simpler theme, and to summarize this contribution to the national desire for better health in terms of an understanding of the body, mind and soul in one to be achieved, as well as may be, by members of the medical profession. The body and the mind concern us most, and of these two we must make the body our first objective. Although sport and games are to be greatly encouraged, especially in youth, for the pleasure and good there is in them, nevertheless the basis of health ultimately depends on the proper use of the body in its daily life, and the good adjustment of that body to its environment.

DIVINATION.

Harassed first-time Dresser, met in Surgery—

" Excuse me, but can you tell me where to find a horoscope ? The house-surgeon wants one."

NEW REGULATIONS FOR THE LONDON M.B., B.S. EXAMINATION

By W. GIRLING BALL, F.R.C.S.,

Dean of the Medical College.

IN the last number of the JOURNAL there appeared an admirable article regarding the M.B., B.S. degree, written by a student of the College. The College is indebted to the JOURNAL for publishing the article, for it expresses very clearly some of the difficulties experienced by students in this matter.

Nearly all the points mentioned have been realized by the authorities of the College, but sufficient notice has not, perhaps, been taken by them of the quite obvious fact that the taking of subjects separately in the Conjoint Board Final examinations interferes very considerably with a student's work for the M.B., B.S. examination, which has to be taken in larger sections. It is hoped that some of the remedies indicated below will help and that others will follow.

The correspondence mentioned in the article is regrettable, for it has given a version of the present negotiations which is not in accord with the facts. It is not possible to discuss these negotiations at the moment for the whole matter is *sub judice*; but it is permissible to state that, initiated by myself, they have as their object a closer co-operation between the University of London and the Conjoint Board in the Final Examinations. It is hoped that something material may result from the discussions which will still further improve the lot of the University student.

For many years past it has been a requirement of our College that candidates for admission to the full medical course should have passed the Matriculation examination of the University of London, or some examination equivalent thereto. Of course, there have been exceptions to this rule, and a certain number of students have been admitted who had not reached Matriculation standard and had therefore to take the Conjoint Board course. This number is, however, diminishing rapidly; indeed, 90-94% of the students at Bart.'s are of University standing.

Some few years ago the attention of the College authorities was drawn to the fact that although, between the years 1920-1929, 86% of those who entered for the full course passed the First M.B. of the London University and 88% of these passed the Second M.B., only 52% of the latter took the degree. This was, naturally, a result disappointing both to the College authorities and to the University.

The failure to obtain the degree is due to a variety of

causes, among the more obvious being the fact that the Conjoint Board Final Examination, for which nearly all students sit, and the subjects of which can be taken separately, is held four times a year. Having thus obtained a qualification, many a student is satisfied and does not wish to incur further expense. He prefers to get on with the job of earning money.

Now it does seem a pity that so large a number of students, having embarked upon the University course, do not obtain the degree, and that so high a percentage as 45% fail even to enter for the examination.

Certain steps have been taken by the College to remedy this defect and to encourage the students to take the degree, which it is felt the majority would wish to do.

The first of these steps was to institute the appointments of Casualty Physicians and Surgeons, lasting over a period of three months, during which the recently-qualified student can earn some money, gain some practical experience, and not be too heavily overworked. This short appointment provides a period between qualification and the acceptance of a full house-physician's or house-surgeon's appointment, during which the degree can be taken.

A second step has been to give more weight to the fact that a candidate for a full house appointment holds a University degree. No doubt it is generally realized that many points have to be considered in making these appointments, and that to make the possession of a degree compulsory might preclude the election of a really good man who had, through no fault of his own, been prevented from acquiring one. It should, however, be generally known that greater emphasis is now being placed on the holding of the degree and that, now that the great majority of students enter for the University course, it may become compulsory.

A third factor has arisen within the University itself. For the University, as a result of its consideration of the combined Universities' report on the medical curriculum, has issued new regulations with regard to the Final M.B., B.S. examination, and these will come into force at the end of this year. *All candidates for this examination should make application for a copy of these regulations from the University of London.*

The main feature is that the examination can now be taken in three parts, as follows :

Part I. (1) Pathology.

(2) Hygiene and Forensic Medicine.

Part II. (1) Medicine.

(2) Applied Pharmacology and Therapeutics.

Part III. (1) Surgery.

(2) Obstetrics and Gynaecology.

Secondly, Part I can be passed after a period of 30 months subsequent to the Second M.B. examination, and Parts II and III 36 months after the same examination.

It is hoped that this rearrangement of the Final examination, in addition to the steps taken above, will lead in the next quinquennium to a higher number of University qualifications.

THE BLACK BOOK

By G. F.

IT had been a dull Duty, and a quiet afternoon, and I was just growing somnolent when suddenly there was an uproar, the door of the box burst open, and they bore him in. There were two tremendous worried constables, two ambulance men, and a cynical porter from the Surgery. It was just four o'clock.

In their busy midst they bore the pale inert figure of an apparently dying man. They undid the buckles, lifted him preciously, and laid him on a couch with infinite solicitude. One of the policemen pushed back his helmet, and taking out a notebook, licked his pencil stump. The other looked at me and said in a rich Donegal brogue, "Collapsed, he did, Sorr, in an A.Bay.Say."

"Ah," I said, trying to look as though the diagnosis were immediately apparent to me, "let's have a look."

The porter, who had been bellowing, "What's your name, mister? What's your name?" into my patient's unresponsive ear, made way, and I bent over the still figure. He was still breathing. As I lifted his wrist, the eyelids fluttered, and he whispered feebly, "My heart, doctor, my heart! It's fibrillating . . . fibrillating . . ."

It wasn't.

There was something familiar, pleasant, and aromatic about his breath. Was it acetone?

No, it was not acetone.

"He's tight," I said to the porter.

"I'll get you the Black Book, Sir," he said.

It was one afternoon, just at four o'clock, in 1929 that our friend had first been borne into the Medical Duty Box, beating his breast very gently, and complaining of fibrillation. And below the first entry, inscribed by the successive hands of whole generations of house physicians were the records of his subsequent visits, 1930, 1931,

1934, three times in 1935, 1936, and five times in 1937. He was always drunk, and always complained of fibrillation, and always arrived upon the stroke of four o'clock.

A case to throw out of the box, you say? Do not be too hasty. Once, in 1937, he came in as usual; tight, and with the chimes. But this time he had three fractured ribs, was bleeding from one ear, and fibrillated quite genuinely and so badly that he had to be put on continuous oxygen and coramine, four-hourly.

We got him off the couch at last, and on his way towards the door. Before he left he approached me with a strange, confidential dignity and said, "Doctor, will you do something for me?"

"Delighted," I said.

"Gimme—gimme a chertificate to shay I've been here."

"Certainly. But I shall write on it my diagnosis."

He looked at me for a moment with a world of sorrow in his eye. Human perfidy seemed too gross.

"Let ush," he said at last, "let ush shay no more about it." And so he swept out, guided by constabulary upon either flank.

There are many alcoholics in the Black Book, all with their own singular customs and conceits. There is Mary, of course, who had paid me a visit not long before, and who has been celebrated to the extent of about two columns in the *Evening News*—almost as much as a European coup.

Mary would have been burned as a witch in more enlightened times, and I think she is one. They always pick her up in Middlesex St., and although both speechless and incontinent upon arrival, apomorphine has never wrenched from her more than a few crusts and a pint of old and mild. Her pleasures cost less than ours.

Mrs. Jacquery was before my time, but she had a soul for music as well as wine. Here is her entry for 21.xi.31:

"Brought in again. O.E. : Torpid. Aetiology: Pawn ticket, of to-day's date, for wedding ring (14s.) found in corsage. Purse empty. Also found : (1) Snuff box. (2) Song copies of—

- (a) When the World is at Rest.
- (b) For Old Time's Sake.
- (c) I'm marching Home to You.
- (d) I'll Always be in Love with You.
- (e) Ever so Goosey.

and (f) I've got a Feeling I'm Falling.
Treatment : At His Majesty's Pleasure."

Pat McGill is one of those incalculable creatures, the gentlemen drunks. He is described in the Book as "most dignified and aristocratic", and on the last three of his nine visits spoke only in fluent French.

Some of the "Upper Ten" among our visitors claim to be doctors themselves. Several are intimately acquainted with all the hypnotic drugs and with the most obscure symptoms of the diseases which a few can simulate with fiendish skill. One is a chartered accountant, another a member of a senior university, a third a clergyman. And there is also of course Charlie, "a most gentlemanly drunk, who speaks in a refined, *high-pitched* voice. He states that he is in love, but is reticent and delicate about it. Gin is the cause of his present trouble, he says—"curse it!"

But the grape—and the hop—are simple things. You will find in the Black Book stranger tales of stranger people. Here are some of the true English eccentrics. Here are things so curious that I may not tell you of some of them.

Listen, though, to the extraordinary tale of Henry Leary: "16.v.32, 3.30 a.m. Phone message for HP./D. 'Steward of Cunard Co. speaking. My Chief Engineer, you see, has lost an eye from a boiler bursting, you see, he is spitting up blood, you see, so will you admit him you see?'"

"3.45 a.m. Enter Chief Officer Leary, very unhappy, left eye missing, quite dumb, spitting blood. Refusing to say a word, he writes down that he is Chief Engineer of the S.S. 'Tuscania' (19,000 tons), that a boiler burst in mid-Atlantic injuring his left eye, which had to be removed by a passenger next day, the steward giving the anaesthetic. Has since been dumb, vomiting, spitting up blood, and thinks he has broken his neck.

Told just the same story a year ago! "

Some, appropriately enough, are actors. There is a playwright who has been in three times with his cravat soaked in chloroform, and who sobs each time, "I won't do it again".

And Robert Eaton, who was one of the first men in the world ever to have an omentopectomy performed upon him, and who has lived ever since on the newspaper clippings describing the operation. And John Davies, who comes from East Africa, and who gives a big performance in the box fighting cobras. And a little old man who comes in very late at night complaining bitterly that he is pregnant.

The motives that bring these folk to hospital are as varied as their complaints. Some are waifs who occasionally exchange their cold counterpanes of newspapers and the bitter bars of some Embankment seat for the luxury of a hospital bed.

Some make a life's work of it, and visit seven or eight hospitals in a day, or one many times. There is a man in the Book who has a registration card for every medical and surgical firm in Bart.'s.

Others try to extract money by the telling of tales

passing strange and wondrous pitiful. Or by their ills gain certificates convertible to cash.

But what is one to think of the man who was admitted to Surgery Ward with a great ruptured wound of his groin, and who discharged himself? And who a year later entered Rees-Mogg under a different name and with the same wound, and again discharged himself?

Or John Smith, addicted to surgery, much appreciating operations, who has already persuaded three surgeons to operate for cleverly simulated gastric ulcers?

Or the Reverend Brown, brought seven times after collapse in the street, truculent, obstinate, rude, and refusing examination, admission, or to say where he lives?

When a man collapses in the street, the police automatically summon an ambulance. One of our regular visitors who forgot to collect his haust. gent. cum rheo at the Dispensary on his departure got all the way to the Bank before he remembered it. Did he walk back for it? Dear me, the man was not a fool. He collapsed again, and rode back.

We have had some great fighters in the Book. There is Elsie, who talks like Gracie Fields, and after asking for ammunition, hurls pans at housemen's heads. While here is a note upon one of our more subtle campaigners:

"The opinion that Mr. Jones has an extensive knowledge of the commoner expletives is vigorously endorsed, after his appearance here on 8.vi.31. His refusal to accept our hospitality (Hst. asperinae co) was most unchristian, whilst his methods of fighting are reminiscent of the far East."

But I shall always like best the story of Michael Casey, in which is enshrined all the indomitable spirit of Eire. Year after year Michael's record is set down, and it was always the same:

"Fighting the Sergeant."

"Attacking the police."

"Very abusive. Fighting again," and so on, and so on. Down at the bottom of the page is this last inscription: "In again. Fairly drunk. Not fighting. Says he has given up fighting the police . . . because he is not strong enough now."

The Black Book is full of comedy. But like all real comedies, it is sometimes very like a tragedy.

*An Uncommon, but not Unuseful Remedy for the
Tooth-Ach.*

Let the Patient lye on the Ear that is opposite to the Part affected, and into the other Ear drop two or three drops of the freshly exprest Juice of Rue a little warm, and stop the Ear lightly with fine black Wool or Cotton.

CORRESPONDENCE

BART.'S MUSICAL SOCIETY

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR.—Having looked up the records of the Musical Society I find it is some five years since the Hospital last had an orchestra. This had to be discontinued owing to lack of numbers, and to lack of enthusiasm on the part of some of the members, making it impossible for the gallant and enthusiastic few to carry on. Considering the large number of students at the Hospital and College I think it should be possible to form an orchestra once again. I have succeeded in getting about half a dozen instrumentalists interested in the idea, and the particularly bright feature is their enthusiasm, which is absolutely essential for any success which an orchestra, if formed, may obtain. The type of orchestra, of course, would depend upon the instrumentalists we could get together.

Many people whom I have approached have asked me what concerts, if any, could be given and when. Others have suggested that if we cannot get sufficient numbers from the students we should invite the nurses, among whom there are said to be many fine players. Well, I await your criticism and comments on the points I have raised, and would particularly like to hear from any member of the staff or otherwise who was connected with the Musical Society in the past.

Yours faithfully,
A. KATZ.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR MR. EDITOR.—Thank you very much for showing me Mr. Katz's letter and for giving me this opportunity of supporting the idea of a Hospital orchestra.

The Governors' Christmas Entertainment for the resident staff takes the form, as you know, of a play produced by the Amateur Dramatic Society, and until 1934 the Musical Society had always provided an orchestra to "fill up" the intervals. Attendances of members of the orchestra were irregular and rehearsals "sketchy" and inadequate, and I well remember that on the last night of the play in 1934 one solitary violinist and myself solemnly plodded through what your dramatic critic would describe as a "somewhat syncopated version of the National Anthem", and then agreed to leave the audience to enjoy the play without further interruption from us. A somewhat inglorious swan song for the Musical Society! Since then we have had two pianos in the intervals and I for one have been happier.

Mr. Katz deserves support in his efforts to reform the orchestra, but to my mind that in itself is not enough.

It is a living and perpetual insult to the Hospital that with nearly eight hundred students and four hundred nurses it should not be capable of supporting a Musical Society; indeed I doubt if there be another hospital so musically apathetic—witness Guy's, who produce each year at a theatre larger than the Cripplegate a Gilbert and Sullivan show which runs for a week, and is vigorously supported by staff, nurses and students.

I contend, therefore, that it is not enough to form an orchestra alone; what we need and what we must have is an active musical society affiliated to the Students' Union and under the patronage of the Council of the Students' Union. I am persuaded that when such a club is well and securely founded the Council would allow it an annual grant such as is given to all other clubs of the Union, and moreover, that it would be a club readily supported by many well-known artistes.

Several schemes have been brought forward in the last few months. Mr. Clifford Newbold is anxious that Bart.'s, too, should give an annual Gilbert and Sullivan show, and Mr. Michael Harmer is, I believe, considering a revue in the summer; let the Musical Society take up these schemes and forge ahead with monthly recitals and concerts with Hospital and outside talent and with the orchestra as a fundamental part of the Society.

Mr. Katz is an enthusiast; let him and his supporters call a general meeting of the Students' Union (as any student is entitled to do), to have a committee elected under the presidency of a member of the senior staff and with the co-operation of the nursing staff, and I am sure he will find the support for which he asks.

The Bart.'s Musical Society must become a dangerous rival to those of other hospitals; good luck to it, and all power to Mr. Katz's elbow.

With again many thanks.

Dunkeld,

St. Cross Road,

Winchester;

19th April, 1938.

Yours etc.,

RONALD GIBSON.

CONFLUENT SMALLPOX

Dr. P. B. MELLOWS' article, "Some Observations on a Fatal Case of Confluent Variola Major", has been reprinted in *The Nursing Times*. The two letters printed below are chosen from a large selection sent to us. We also hope to publish next month some notes by Dr. Mellows himself on the fate of the contacts with this case.—ED.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR.—I was pleased to see the article on the case of smallpox which appeared in your April issue. At a Mission Hospital in West China in March, 1923, the gatekeeper asked me to see his son, aged about 20, who was ill with fever. The room was ill-lighted, and recognizing the impossibility of treating him there, I had him removed to the hospital. An hour later the Chinese doctor pointed out a pimple on the side of the nose, an inch below the right lower eyelid, with a depression in its centre, and told me he suspected smallpox. Variola is common in China, and many adults are pock-marked. Other pimpls on the face soon appeared, and the case rapidly developed into confluent smallpox quite as severe as the one your correspondents describe. The spots were over the entire body, the palms of the hands and the soles of the feet included. They were particularly troublesome in and around the anterior nares, where they obstructed the breathing. The photographs you reproduce might have been taken of this Chinaman. A discharge from the eyes followed in spite of attention to them from the outset. The temperature remained up throughout, but there were no haemorrhages. The patient lay in a half-sleeping, half-comatose condition which gradually deepened (rendering injections unnecessary), till he passed away ten days later. It fell to me and to his father to look after him.

About three days after the fatal termination I became ill with fever up to 103°, which kept me in bed for three days with headache, lassitude and slight pain in the back, but there were no spots and no vomiting. I was the only one to be affected. There were no cases of influenza at all at the time, and I am absolutely certain that this illness of mine had nothing whatever to do with that disease. I have always regarded it as an attack of smallpox cut short by the protection from vaccination regularly repeated every seven years. I had eight other cases of variola that spring under my care, and have seen others since, both in China and in Kent, but none were fatal and all much milder than this first case.

I would like to add how much pleasure I have derived from the JOURNAL from student days onwards. The different Editors have left me under a deep debt of gratitude. The numbers have been eagerly read, always with interest and often with profit. I would like to see more clinical matter inserted, as used to be the case till recently, for this is always welcome. I also heartily support Mr. Gosse's appeal for the retention of the King Henry VIII gateway on the cover.

Yours sincerely,

M. R. LAWRENCE.

China Inland Mission,

Newington Green, N. 16;

April 15th, 1938.

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR.—In the April issue the writer of the article on a case of variola major has apparently not heard of the late Sir Andrew Balfour's treatment by potassium permanganate which is the local treatment *par excellence*:

"In V. major, applications of compresses of pot. permang. solution till the rash be black. In V. minor, pot. permang. baths. This treatment removes the irritation, a source of exhaustion, and disinfects the scabs, diminishing the septic sequelæ."

Also vaccination can be rendered more attractive by pot. permang. As vaccinal immunity is established on the fifth day, if vaccinal scabs be disinfected till black on the sixth or seventh day while there is no more discomfort and risks of sequelæ are diminished, immunity is not interfered with.

I am, Sir,

33, Beckenham Road,

West Wickham,

Kent.

Your obedient servant,

R. W. JAMESON.

THE HOSPITAL ARMS

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR.—The observation of the Bart.'s Hospital arms on the old Venetian building in Cyprus and their identification by Prof. Gask as the arms of Giovanni Renier, Captain of Cyprus in 1552, is of great interest, and I have much pleasure in describing the result of my humble researches on the Hospital arms as he kindly suggests.

When publishing the report of the Rose Research on lymphadenoma in 1932, it seemed desirable that as the work had been done by co-operation of the whole staff, the Bart.'s arms should be put on the cover. Before doing so it was advisable to ascertain what the correct arms are, and a visit to Rahere's tomb showed that whereas the Priory arms are there displayed with the utmost prominence, being carved on a shield of stone held up by an angel at the feet of Rahere for him to gaze upon, and whereas additional arms are painted on the side of the tomb, there is no representation whatever of the well-known shield of black and white with the countercharged chevron! The earliest coat of arms in this country dates, I am informed on high authority, from 1190. According to expert opinion Rahere's tomb was executed in about 1406, and it would seem to be a reasonable inference that at that time the Hospital had not officially adopted the arms now used, but in all probability employed the Priory arms, which are of great beauty and distinction, being two gold crowns and leopards on a scarlet background to show, as some think, that the Priory and Hospital had a doubly royal foundation. Our old kings must have had a high regard for Rahere's institution to grant this suggestion of their own Royal blazon to it, and the effect was probably excellent in attracting gifts from their loyal subjects.

On consulting Sir D'Arcy Power's History of the Hospital, it appeared that the first record of the Hospital arms as depicted on the cover of this Journal is in a deed executed in 1423 during the Mastership of John Wakering. In Webb's *History of the Priory Church* it is mentioned that the Hospital arms are those of an Italian family by name Renier. As in a popular detective story, these clues, while interesting, did not provide a solution. Accordingly, the next step was to consult the College of Arms in Queen Victoria Street—the supreme authority on heraldry in this country, and there it was my good fortune to submit the problem to Mr. Philip Kerr, Rouge Croix, who took up the matter with zeal and skill and searched the records of the Heralds College, with the result that in a book of arms dating from Elizabethan times and perhaps from the time of Henry VII, there were the Priory arms and the Hospital arms both depicted. Beautiful copies of these made by the artist to the College of Arms and framed now hang in the Hospital in the Clerk's office. Mr. Kerr also ascertained that the Hospital arms are not those of Wakering, the device used by that family being a pelican.

In view of this state of affairs it was decided to put both the Priory and the Hospital arms on the cover of the Rose Report, and as the Priory arms are the senior and the more "specific" to Rahere's Foundation, the volume was bound in scarlet to provide the correct "gules" background for the golden crowns and leopards of the Priory shield.

There remains the problem of the origin of the Hospital arms. The provisional theory to which I incline from the present evidence is that in the early part of the fifteenth century when they appear to have been used first, the Hospital Master and Brothers wished to have a mark or symbol to indicate that they were distinct from the Priory, so that gifts intended for the Hospital should not go to the Priory, and *vice versa*. At a time when comparatively few of the common people could read and write, a coat of arms was of enormous importance for purposes of identification and address. In 1423 Rahere's Foundation had been in existence for approximately 300 years. According to Norman Moore, for 400 years each Master of the Hospital had an appointment to swear fidelity and obedience to the Prior. Had Wakering adopted his own coat of arms for the Hospital there might have been trouble. He wisely took another course and chose a coat simple, elegant, distinctive, and not likely to be confused with those of well-known English families and institutions. According to this idea Wakering's action was a kind of precedent to the Unknown Warrior's Tomb conception. If the Hospital at that time received a benefaction from the Renier family, the Renier origin is suggested. On the other hand, Rouge Croix discovered that in an arms roll of the time of Henry III (1216-1272) a black-and-white shield and chevron identical with the Hospital arms was borne by Walter de Lillebon, and also that these arms are borne by the family of Lawson, Co. Durham. Perhaps when the Consulting Archivist and Miss Hutchings have completed their timely and valuable survey of the Hospital records further information may be available concerning the origin of the Hospital arms!

In the meantime the identification of the Renier shield on the old building at Cyprus is of the greatest interest, and the incident suggests the possibility that the ultimate solution may come from evidence obtained outside the Hospital.

I am, Sir,
Yours faithfully,
M. H. GORDON.

April 7th, 1938.

SPORTS NEWS

DEFENCE v. ATTACK

Gad, Fotheringay, it's not good enough! We consider the past season of Rugger, Soccer and Hockey, we ruminate upon success and failure, and feel that we possibly ought not to do so; it's the game that matters, Featherstonehaugh, and not the players!

How often in the past have we heard in moments of heat, "Give us the ball and we'll do the rest", or "If you did your part we wouldn't have to defend all the time", and so forth; and worse still, in moments of sober reflection, or, most calamitous of all, in moments of reflection, the same remarks bitterly reiterated. Let us pause: Is this *Englische*? Is it even *Britische*? Can this be the spirit of Waterloo, of Oudenarde, or even of the Seven Sisters Road.

These slashing accusations by defenders upon attackers and *vice versa*, should they be heard throughout the land? Let us lose as a team as we win as a team, and not single out individuals or even functional groups for our gratuitous and frequently heated—not to say sometimes misinformed—criticism. Let us grasp the reins of justice, let us steer the ship of state, and leaving no stone unturned, let us seize upon the bone of contention, and burst it like the fragile bubble that it is. It is the team spirit, Fitzherbert minor, that has made us what we are.

RUGBY

We freely admit to being in somewhat of a quandary as to the tone of our report of the match against Torquay.

CLUB We have four reports to hand—two of ours and two of theirs; of our two, one was given unasked and somewhat tempestuously—speaking of "moving accidents by flood and field". (Incidentally the only respect in which all four reports agreed was that the ground was so hard as to verge upon the ligneous.) The other was kindly supplied by one of our roving reporters and "babble of green fields" (notice the way the quotations are worked in—a nice bit of Shakespeare gives a touch of class).

For their two reports we are indebted to the *Western Independent* and the *Football Herald*.

Having assembled our evidence, let us give some idea of our difficulties:

(1) The Forwards: "The boys played well" (ours). "Bart.'s lacked cohesion" (theirs). "They seldom got the ball" (theirs).

(2) The Outsides: "Had no chance because their men lay up so far" (ours). "Never looked the equals of Torquay" (theirs). "Kicked and tackled well" (ours). "Slow in defence" (theirs).

In any case the final score was 27 points (9 tries) to Torquay, and 3 points (1 try) to Bart.'s. This last was scored by P. L. M. Armstrong, whose effort, coupled with those of P. L. Candler and K. C. Burrow, formed a second focus of unanimity in the reports. We, who did not see the game, must confine ourselves to the delightful mental picture of some distinctly unorthodox goal-kicking—for which we must be devoutly thankful.

SEVEN-A-SIDE

SIDES The Annual Seven-a-side Competition was held at Chislehurst, on a very hard pitch, and in a fine sub-arctic wind. Despite these two drawbacks a very fair gate turned out, and watched a distinctly mixed bag. Some games were good, some indifferent, some merely bad, but since the bad ones were generally very amusing, the afternoon was a distinctly entertaining one.

The first game was between the Light Blue Firm and the Pre-Clinicals, and was won by the former, Burrow's feet and Hayes' hands being prominent, whilst George Gray's tendency to tackle his colleagues (albeit he tackled them well), had a certain humour. Burrow had to be carried off the field before the end due to a head injury sustained during a tackle.

Next came the Pink *v.* the Dark Blue, ending in a 9—nil victory for the Pink, the chief features of the game being the tackling of Reinold, and a wonderful drop kick by Grant, which found the finest touch of the day. This game was referred by the peerless Gadney.

Now came a good game to watch—the Soccer Club *v.* the Yellow, Gauvain, Miller and Marshall scoring for the latter, and George Herbert doing some inspiring head work in the more desperate moments.

This brought us to the sartorial surprise of the day—the Unemployed *v.* the Green, in which Joeke of the Green did some pretty work, but not nearly such pretty work as the Unemployed did at

half-time, when their dole was paid in kind, and beer brought out to cool their battered spirits. After this the Unemployed rather went to pieces, and lost by 10 points to *nil*. King unfortunately broke his clavicle. (Outer third, **very rare!**—Ed.)

North opened the Light Blue offensive against the Dark Blue by a fine try, and play then became rather scrappy. Half-time saw two or three men on the ground, some by design and some not; the senior resident, however, remained erect. The Light Blue eventually won by 3 points to *nil*.

This put the Light Blue Firm in the final, and left the Yellow and the Green to contest the honour of meeting them. In the first half Nel nearly scored for the Yellow, but an instant reprieve was made by Jockes and Butler (3-0). In the second half Miller made a great effort to get over the Green line, but was held up in a good-natured manner. Griffiths later touched down again for the Green just before time (converted Jockes, 8-0).

The annual match between the Residents and the Chief Assistants is always a colourful sight, many different styles of shirtings and trouserings being affected. Mr. Ward kicked off for the Chief Assistants, and the pack went after the ball as one man; this pace, however, began to ease a trifle after five minutes, and the field became somewhat strung out, an early thrill being provided by Mr. Telling, who tackled Mr. Gray, after a fine run by the latter, in front of the posts, the two participants coming most thunderously to earth.

Now the Association Football Club came into its own, and Mr. Darke foreshadowed the dramatic part he was destined to take in the game by breaking up a promising movement by the Chief Assistants' three-quarters. The pace was now definitely slow, but Mr. Prothero managed a magnificent try, converting it himself, and being borne back to the half-way line shoulder high.

The last big thrill before half-time was a run by Mr. Bennison as far as the half-way line, which he appeared to mistake for the enemy goal-line, for he fell heavily on the ball, and, on being forcibly removed from it by the first comer, contrived to look remarkably offended.

Half-time was a signal for hot whiskey and lemon, with beer as an alternative, and when play was resumed the refreshment appeared to have made bullies out of every man on the field, for when Mr. Prothero got the ball he was instantly savaged by both friend and foe alike. After this exhibition of low cowardice the game was packed with stirring incident, Mr. Newbold's defence and the dribbling of Mr. Vartan being notable in this respect. Mr. Telling scored a try for the Chief Assistants against fearful odds, and Mr. Darmady missed with his kick, only to provide drama a few moments later when he was heavily tackled into the spectators by Mr. Boden.

Towards the end of the contest the Butt-Prothero combination provided Mr. Darke with the ball and he scored a really good try. The end came just as Mr. Mundy, running up, cross kicked, leaped high in the air, and turned a complete somersault.

Eight points to three in favour of the Residents, and everyone very tired indeed.

The last game of the day was the final of the Seven-a-sides between the Green and Light Blue firms.

After the kick-off Ackroyd nearly got over for the Light Blue, and a series of scrums on the Green line ended in an open side try by him, which was well converted by Hayes. George Gray was leaping in the line-outs, heads higher than anyone else, and amazingly full of energy considering his activities in the previous game. After some scrappy play Gimson brought off a very convincing blind side try which was not converted.

The Light Blues then kicked off again, and Gimson, gathering, nearly managed to send Ellis over. Ackroyd gathered from the kick-off after half-time, and miskicked down the centre. Hearn collected the ball and looked dangerous, but Ackroyd managed to collar him heavily when he was already in touch, which latter fact was clearly indicated by Mr. Alfred H. Evans, who was statuesque on the touch-line.

A beautifully taken pass sent the ever-dangerous Jockes over between the Green Firm posts, and his kick hit the cross-bar, this effort receiving a speedy reply from Hayes, who took the ball over from a knock-on by Butler, and missed with his kick at goal. A good final, characterized by the fine kicking of Mundy, and the heavy tackling of Gray, ended in victory for the Light Blue Firm by 11 points to 3.

The cup was presented by Mr. Girling Ball to Mundy and instantly filled.

SWIMMING CLUB The new season opens immediately after Easter, and each of the following ten weeks is filled with an adequate number of good fixtures, reaching up to a climax with the Inter-Hospitals Gala at the end of June. In addition, it is hoped to send a strong United Hospitals Team over to



"HALF-TIME WAS A SIGNAL FOR HOT WHISKEY AND LEMON."

Dublin at the beginning of June. During the winter some members of the Club have been keeping in practice, and have had a few enjoyable games of polo which sufficed to keep our minds alert while in this particular fluid medium.

An excellent game of polo against St. Mary's in February resulted in a victory for them by 5-4 after we had led by 4-2 at the change-over; possibly our defeat in the second half was the result of the strenuous activities with other fluid media at the United Hospitals Swimming Club Dance the previous night. The Club entered a skeleton team for the London University Swimming Championships Gala. C. R. P. Sheen upheld the honour of the Hospital by winning the 220 yards in 2 min. 40 $\frac{1}{2}$ sec., and the 440 yards in 5 min. 46 $\frac{1}{2}$ sec., both of these records for London University. G. J. Walley was indisposed and thus was unable to defend his title in the 220 yards. R. T. Monkton and C. H. Hoskyn gained third places in the 220 yards and the 50 yards respectively. D. G. Evans, in spite of training difficulties, dived into third place. In the total placing we were second to St. Mary's Hospital, University College being placed third; it would have been better if we could have persuaded a few more members of the Club to swim, to cover other events and enable us to defeat St. Mary's.

We open the season with a friendly match against University College Hospital, closely followed by a swimming and polo match against the Cambridge University Tadpoles at Cambridge, and then against Oxford University Dolphins at Oxford. Both these fixtures are very good, and should serve to prepare the team for the Inter-Hospital Water-Polo League Matches, which are to be played off through May and June; although we shall have lost some of our

stalwart members, especially R. J. C. Sutton, we hope to be able to justify our position as holders.

The Club is very gratified to find renewed support and enthusiasm coming from Charterhouse, and once more the committee extend a cordial welcome to all those interested to come and visit us on our club night at St. Mary's Hospital Baths, Paddington, any Thursday between 5.30 and 7 p.m.

ATHLETIC CLUB The Annual Sports will take place at our new ground, Chislehurst, on Saturday, May 28th; this, a later date than usual, should encourage a larger attendance, and give those at Charterhouse time to get fit after the Easter vacation. In addition to the standard events there are, for those lacking time and inclination to train, two handicap races—120 yards and 880 yards. These are not primarily intended for regular members who, if running at all, will be heavily handicapped—previous athletic ability is not required.

The popular Houseman's Hundred will be run, and an even gaudier display of shirting than the seven-a-sides produced is anticipated.

The Drysdale Cup will be competed for this year as an Inter-Firm Relay under conditions similar to the Seven-a-sides. It is hoped that the Veterans will be represented by their customary formidable side.

As this will be our first Sports Day at the new ground, a record entry is wanted—especially from the Pre-Clinicals.

SAILING CLUB Bart.'s Regatta is fixed for Sunday, May 15th. It is hoped that all twelve dinghies will be sailed, since for one ecstatic day they are ours, and ours alone. Anyone, expert, tyro, or first timer, will be very welcome at this most informal of functions.

SOLUTION TO GENERAL KNOWLEDGE PAPER NO. 1.

1. (a) A cystic tumour and a fibroma, usually of abdominal wall. (b) Lateral recess of fourth ventricle and tympanal plate. (c) Oozing of blood from gastric mucosa and stasis of the stomach contents. (d) Multiple myelomatosis, and osteochondritis of the bones of the tarsus. (e) Calcified rings in cerebral aneurysm and renal crises. (f) Congenital dislocation of the hip and valvular disease of the heart. (g) Ethmoid portion of anterior cerebral fossa and that portion of the sclera through which the optic fibres pass. (h) Device for recording nerve action potentials with a slow-moving galvanometer, and device for delivering a short pulse of current for stimulation of nerve or muscle. (i) Inability to speak and a genus of marine Annelid. (j) Haemokonia. Blood lust is self-explanatory.
2. (a) Osteitis deformans, recurrent fibroid, quiet necrosis, disease of nipple, disease of penis. (b) Serocystic disease, chronic bone abscess, hysterical pseudo-fracture of the spine. (c) Fracture of ankle, puffy tumour, disease of spine associated with paraplegia.
3. (a) One. Pin for fracture of neck of femur. (b) One. Diastolic murmur at pulmonary base. (c) One. Protein in urine in multiple myelomatosis. (d) Two. Staining method for tubercle bacilli. (e) Two. Sino-auricular node. (f) One. Operations upon the nasal sinuses. (g) One. Presystolic murmur at apex in aortic regurgitation. (h) Two. Syndrome associated with microcytic anaemia. (i) One. Early sign of pregnancy. (j) Two. Periodic breathing.
4. (a) By Stephen Hales for estimating the blood-pressure of a horse. (b) By de Graaf for cannulizing the ampulla of Vater. (c) By de Réamur for studying the digestion of birds. (d) By Wenkel for estimating the total blood volume.
5. *Entia non sunt multiplicanda præter necessitatem.*

EXAMINATIONS, ETC.

UNIVERSITY OF LONDON

Second Examination for Medical Degrees, March, 1938

Part I.—Allardice, A. R., Amin, I. B., Birch, J., Borrelli, V. M., Carr, D. T., Champ, C. J., Citron, R., Dalton, I. S., Davies, J. A. L., Evans, R. J., Feanny, P., Finlayson, V. O., Hall, M. H., Hill, I. M., Hogarth, R. C., Holtby, G. R., Isenberg, H., Macaulay, J. C., Manson, C. N. S., Messer, B., Phillips, A. H., Rees, J. D., Rees, R. G., Robertson, D. J., Roth, A., Routledge, R. T., Sadler, J. A., Shaw, C. H., Sinclair, A. C., Stack, H. G., Tweedy, P. S., Watkins, P. F. A., Weber, M., Wells, B. G.

Part II.—Adlam, J. P., Anderson, A. W., Andrews, R. H., Bates, M., Beeston, J., Bell, R. C., Bennett, D. H., Bhargava, K. P., Brown, K. T., Cocks, D. P., Cohen, L., Discombe, G., Ezechiel, P. A., Gordon, H. E., Harland, D. H. C., Harrison, K. O., Helm, H. G., Hersham, M., Hinds, S. J., Jones, H. M., Klidjian, A., Long, D., Lyon, W. C., MacDougall, I. P. M., Meyer, I. H., O'Carroll, C. B., Ogilvie, K. R., Orchard, N. P., Packer, F. H., Purcell, S. D., Rosten, M., Rowntree, T. W., Schofield, R. D. W., Silcock, A. R., Sinha, K. N., Stern, D., Thams, M., Thompson, M. R., Tomback, S., Van de Linde, P. A. M., Vincent, S. E., Walters, F. J. H., Weber, G. N., Welch, R. H.

CONJOINT EXAMINATION BOARD

Pre-Medical Examination, March, 1938

Chemistry.—Lyster, J. N., Middleton, H. G., Ramsay, G. S.

Physics.—Lyster, J. N., Manning, C. W. S. F., Middleton, H. G., Ramsay, G. S., Scott, M. G.

Biology.—Brady, T. J., Manning, C. W. S. F., Middleton, H. G., Nazroo, I. A., Newcombe, J., Osmont, R. L., Ramsay, G. S., Sankey, P. R. B., West, J. A. T.

First Examination, March, 1938

Anatomy.—Dangerfield, W. G., Druitt, N. A. W., Haga, P. J., Harvey, R. J., Lemerle, M. E., McAleenan, W. H., Rutland, F. A.

Physiology.—Dangerfield, W. G., Harvey, R. J., Lemerle, M. E., Leven, M., McAleenan, W. H.

Pharmacology.—Collinson, P. C., Grant, R. N., Jacobs, J., Palmer, P. J. E. B., Richards, B. W.

CHANGES OF ADDRESS

DALE, W. C., Ibadan, Clevedale Road, Combe Down, Bath, Somerset.

GIBSON, R. G., 51, Southgate Street, Winchester.

GOODWIN, T. S., C.M.S. Office, c/o Associated Mission Treasurers, 169, Yuen Ming Yuen Road, Shanghai, China. (*Via Siberia.*)

LEITCH, J. N., Looe Hydro, Cornwall.

MAGNUS, H. A., Dungannon, Ducks Hill Road, Northwood, Middlesex. (*Tel. Northwood 1284.*)

TABOIS, A. C., Amroth, 35, West Way, Petts Wood, Kent.

WALKER, F. H. AITKEN, Devonshire Lodge, 10, Bath Road, Reading. (*Tel. Reading 3469.*)

WEINER, H., 527, Oakland Avenue, Wilkinsburg, Pennsylvania.

BIRTHS

BELL.—On April 1st, 1938, at 19, Bentinck Street, W. 1, to Hilda (*née Faure*), wife of Arthur C. Bell, F.R.C.S.—a son.

PETTY.—On March 24th, 1938, to Edith (*née Knox*), wife of Dr. Gerald Fitzmaurice Petty, of 56, Palace Road, Llandaff—a son.

WITTS.—On April 4th, 1938, at 20, Devonshire Place, W. 1, to Nancy (*née Salzman*), wife of Prof. L. J. Witts—a son.

DEATH

FOX.—On March 31st, 1938, at "Burfield", Hill Cliff, near Warrington, Edward Joseph Fox, F.R.C.S., aged 65.

SPRING BOOK



SUPPLEMENT

I HAVE been asked by the Editor of the JOURNAL to produce some introductory remarks to this new supplement. Never before have I sat down to fulfil a promise with less idea of what is expected of me.

"Is it to be about medical books or books in general?" I queried over the telephone.

"Medical books must be included," was the answer, and then I was cut off.

Books : What can one say about books except that there are too many of them? I have always felt that every man into whose head has entered the idea of writing a book should be compelled by law to go and sit under the great dome of the British Museum Library for at least an hour. If, after looking at those walls lined with the forgotten works of long-forgotten authors, he still wishes to add yet another volume to the world's heap of unwanted literature, then he should be allowed to do so. To most aspiring authors the sight of so much unnecessary writing, the smell of so much old paper and literary dust will act as a deterrent. Better to take a train out into the country, to lie on one's back in a field and look at the trees than to add to what the world already has enough of—books.

What is true of the British Museum reading-room is to a less degree true of the Library of the Royal Society of Medicine. Medical literature has become so vast that one is absolutely lost in it. Where shall

one's reading begin and where shall it end? It would be useless to memorize all the observations that those volumes contain, even if one's mind were capable of doing it. A man who had achieved such a feat would be like one of those possessors of freak memories who can tell you the date of any world happening, and yet knows no history. One would have memorized all medicine and yet not be able to help a patient, have acquired all knowledge and yet have gained no wisdom.

These are my feelings as I sleep in the Library of the Royal Society of Medicine. But what is the remedy? The remedy is that some genius should arise and do for medicine what Isaac Newton did for physics when he wrote his *Principia*. Out of this chaos of disconnected facts he would produce some order ; surveying these catalogues of symptoms, these innumerable descriptions of innumerable diseases, he would deduce therefrom certain general principles, from the welter of observations derive a few laws of universal application. Where we see nothing but a conglomeration of disconnected facts he would trace a pattern. Then he would proceed to write a single book, and after its publication we could safely burn three-quarters of our Library. But no such genius has arisen, and for lack of him we are forced to fall back on a new type of literature in the form of encyclopædias of medicine, medical annuals, synopses and year-books. Cramming has been

reduced to a fine art, and the medical reader, like the Strasbourg goose, can now absorb the maximum of nutriment in the minimum of time. The chief difference is that in the one case it is the liver that suffers, and in the other the brain.

At this point in my musings I can hear the voice of the Editor of the JOURNAL protesting : "This is not what we wanted in the way of some introductory remarks to our supplement. You have been asked to write an article in praise of medical books, and not to dream of burning them. How can we expect publishers to advertise in our pages if you suggest to readers that already there are too many books ?" I will mend my ways, Mr. Editor. Text-books are a necessity to the student, and he must be encouraged to read them. They are also a necessity to the author,

but as a rule he requires no encouragement in writing them.

Once an author has completed a work it is essential that he should obtain the services of a first-class illustrator. A book stands or falls by its illustrations. I do not mind confessing that I have reviewed books for medical journals written in every language spoken in Europe simply by looking at the pictures. I did not even have to read the preface.

There is nothing like writing a book if one is entirely ignorant of any particular subject and wants to learn something about it. By the time one has finished it one is beginning to know quite a lot about what one has written. That, between you and me, is the chief advantage of writing.

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"It is a perfectly just criticism of our teaching, both under- and post-graduate, that we emphasize the value of some method of investigation or of some practical form of treatment without demonstrating the details or even describing the technique of how it should be done." So writes Sir David Wilkie in the introduction to this admirable collection of short articles, which will be of particular value in presenting in black and white to the newly-qualified practitioner what he may not have found described in adequate detail before.

Perhaps the best article is that of Drs. Marriott and Kekwick, relating to the giving of fluids. The technique of intravenous saline administration is described completely and clearly, and some useful data relating to water requirements and dehydration are given. Murphy's original method of giving saline *per rectum* is described—("a quantity less than 8 pints is, I believe, of little value")—and merits general attention. Subcutaneous injection of saline by a syringe, a simple and effective immediate measure, especially for small children, might have been referred to.

Dr. Burrell contributes a valuable section on pleural aspiration, the indications for and against such a procedure, and the method of gas replacement and pleural irrigation. Another chapter, specially devoted to 2- and 3-way syringes, mistakenly gives the "Rotanda" syringe an Eirean flavour by both describing and illustrating it under the description of "Rotunda".

One method of immediate blood transfusion and also the drip method are carefully described, though other methods might have been considered, and to wait 20 minutes in doing a grouping test seems unnecessarily long. Some useful remarks on reactions to transfusion are included.

Sir William Willcox describes what to do in cases of poisoning, and there are also useful sections on plaster-of-paris technique, circumcision, injection treatment, clinical examination of the urine, how to syringe an ear, how to tie in a catheter, and how to do a lumbar puncture, though it is distressing to read that the rate of flow of C.S.F. is regarded as a guide to its pressure.

The technique of blood-counts with some useful notes on interpretation and the meaning of the colour index, a chapter on the estimation of the blood-pressure and sections on minor superficial surgery and local anaesthesia complete the volume. In this last the abandonment of

cocaine in favour of the more effective and much less toxic peraine is strongly urged.

The book contains nearly 70 illustrations, and it is both authoritative and complete. A chapter on septic fingers might perhaps find a place in subsequent editions, of which we hope there will be many.

A NEW MIDWIFERY

A Short Text-book of Midwifery. By G. F. GIBBERD, M.B., M.S., F.R.C.S., M.C.O.G. (J. & A. Churchill, Ltd., 1938.) Price 15s.

Having been asked many times by the student preparing for an examination to recommend to him the right book, I have reached the conclusion that in midwifery there is no one book that suits everyone's taste. Bearing in mind the diversity of types in the medical school this is perhaps natural. The fault is, however, partly with the material available. Some are frankly too long for the over-crowded curriculum, some are written by those who have long ceased to practise midwifery, and so on.

Here is a book which is short and written by a very experienced practical, and practising obstetrician.

A most useful piece of work done recently has been the compiling of statistics on lines recommended by the British College of Obstetricians and Gynaecologists. Mr. Gibberd's book, by its frequent references to these figures, leaves us in no doubt that what he says is true, and too often the intelligent student points out that what he is taught is not strictly so. Too often also the teacher says, "You must believe what I say, and not what I do". Mr. Gibberd tells us what he does without fear or favour.

The value of pitocin in labour is discussed. Preference for Cæsarean section instead of the heroic vaginal manipulations of the pre-aseptic days is frankly stated. It is good to see in print that "delivery *per vaginam* in cases of obstinate primary inertia is at least as arduous to the mother as Cæsarean section done late in labour and more so to the child". The toxæmias of pregnancy naturally receive special attention, as also does the new work on the mechanisms of labour.

From cover to cover the book gives the impression of being a new book expressing old facts possibly, but in a new way. The emphasis is laid on the practical everyday midwifery, and if he sticks to this book the student will find it less easy to be led astray by the more dramatic in midwifery, and have a better chance than before of meeting the Examiners on their own ground.

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Medical Jurisprudence and Toxicology. By JOHN GLAISTER, M.D. Sixth edition. Edited by JOHN GLAISTER (Jun.), Barrister-at-Law, M.D., D.Sc. (Edinburgh : E. & S. Livingstone, 1938.) Price 25s.

A new edition of this standard text-book is welcome after an interval of seven years. Within its 750 pages there is more than the average student needs, or wishes, to read, though as a work of reference it is no doubt complete. For those so inclined there are sections which tell of crimes more horrible than any devised by Edgar Allan Poe, of methods of detection unknown to Sherlock Holmes. There is, so the preface proudly informs us, *inter alia*, a new section relating to the identification of maggots, and, which is more important, an account of the new Pharmacy and Poisons Act. It is a pity that of the 200 pages devoted to Toxicology more than three of them could not have been spared to the discussion of war gases. Edinburgh after all is only 40 minutes further from, shall we say, Ruritania than is London.

The illustrations are numerous and extremely lurid. The subject-matter is well disposed and is as readable as this somewhat academic subject can be. The binding alone impresses one rather unfavourably.

T.B. FOR G.P.

Pulmonary Tuberculosis in Practice. By R. C. WINGFIELD, M.B., B.Ch., F.R.C.P. (Edward Arnold & Co.) Pp. 118. Price 9s. net.

Dr. Wingfield's thesis is that the teaching of students both in the early diagnosis and later in the appreciation of convalescent complications of pulmonary tuberculosis is hopelessly inadequate, while the moderately advanced and symptom-producing case is usually delivered up to the specialist without further question.

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In the latter half, each of the twelve stages is again considered from its clinical aspect, together with the treatment appropriate to each.

It is not too much to say that Dr. Wingfield has carried out his appointed task with distinction, and that his volume should be of inestimable profit to those practitioners and students who are wise enough to purchase it.

HORMONE THERAPY

The Endocrines in Theory and Practice. (London : H. K. Lewis & Co. Ltd., 1937.) Price 9s.

A series of articles which appeared in the *British Medical Journal* between October, 1936, and May, 1937, are reprinted here in book form. They will appeal to all who are interested in this subject, but more to the qualified man than to the student ; there can be few doctors in this country who will not learn something valuable from them. Careful therapeutic details of endocrine diseases are difficult to find, and it is to these that this volume owes most of its value.

St. Bartholomew's is well represented by SIR WALTER LANGDON-BROWN, who gives us chapters on "The Present Position of Endocrinology" and on "Hypopituitarism", by PROF. F. R. FRASER and SIR THOMAS DUNHILL on "The Clinical Aspects of Hyperthyroidism", by A. W. SPENCE on "Addison's Disease", "Suprarenal Insufficiency", "The Adeno-Genital Syndrome", and "Tumours of the Suprarenals", by KENNETH WALKER on "Hormone Deficiencies in the Male", and by SIR HUMPHRY ROLLESTON, with his pleasant chapter on "The History of Endocrinology", which he keeps for the end of the book.

The clinical chapters, especially their therapeutic paragraphs, are all well worth reading ; the names of the best endocrine preparations are given, with their doses and methods of administration. Practitioners will be able to make use of these now, but students should be warned against trying to commit to memory too many

details of these names and doses, as some of them are sure to be changed during the next few years. The principles underlying the therapeutic procedures are clearly put forward, and these should give the student all he needs until he is qualified.

Particular stress is very rightly laid on the importance of prescribing these endocrine products in international units whenever possible, that one should always avoid proprietary prescriptions containing extracts of several glands mixed together, and that it is a complete waste of everyone's time and money to give any of these hormones by mouth except in the case of the thyroid and gonadotrophic preparations. Two other points are wisely stressed—the comparative inefficiency of all testicular extracts, and the ease with which the gonadotrophic hormones are destroyed both by time and by heat.

Several temptations have been resisted by the authors: on the clinical side one is glad to see historical details and the names of early investigators reduced to a minimum, and in the chapter on "Toxic Goitre" it is delightful to find the names usually associated with the "eye signs" of thyrotoxicosis all omitted! There is some overlap on the subjects of diabetes insipidus and pituitary tumours in different parts of the book, but this can hardly be avoided altogether in a collection of articles of this kind. The chapter on "Acromegaly" is excellent, and contains several clinical details usually omitted from the ordinary textbook. Enough stress, perhaps, is not given to the fact that headaches themselves, quite apart from the symptoms of chiasmal compression, may be an important factor in determining the necessity for treatment. It was sad not to see the name of Dr. Leonard Mark in this chapter. The paragraphs on Cushing's syndrome and Simmond's disease are helpful, but a full classification of some of the other pituitary syndromes is wisely left till another time.

Of the therapeutic paragraphs, those on obesity, diabetes insipidus, toxic goitre, Addison's disease, undescended testicle, threatened abortion, repeated abortion, primary uterine inertia, menstrual and meno-pausal disturbances should all prove very useful indeed to the practitioner, and if no other parts of this volume are read, it should be worth everyone's while to look at these.

A few doctors bind their *British Medical Journals* and a very few file their cuttings in an efficient manner; to both of these a book of this type may seem redundant, as the articles in their original form are always at hand. To everyone else—by far the majority—a volume like this is an enormous help for easy reference, and one hopes that its sale will be large enough amply to repay all the trouble which the Editor of the *British Medical Journal*, and H. K. Lewis & Co. have spent on its production.

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CHILDREN

The Infant: A Handbook of Modern Treatment.
By ERIC PRITCHARD, M.A., M.D.(Oxon.), F.R.C.P.
(Edward Arnold & Co.) Price 18s.

The reader who buys this book without first reading the preface may be doomed to disappointment, for as the author there points out it is not meant to be a textbook of disease in infancy. Instead it is written for the qualified medical practitioner who may wish to draw upon the author's long experience in the treatment of disease in infants and young children under the age of five years. The book is concerned primarily with the *treatment* of disease ; but even so it is written from the personal point of view, so that often well-recognized methods of treatment are omitted from the text. At the beginning of each section the symptoms, signs and diagnosis of the disease in question are stated briefly, but with some serious omissions, so that one wonders whether these parts of the book might not have been left out altogether. For instance, in the section on pink disease no mention is made of the tachycardia and very little of the sweating which are such prominent features of that disease.

The early chapters on breast-feeding and artificial feeding are the best in the book, and details of technique which are seldom given clearly in other books on the subject will be found there. But even so we find omissions, for no mention is made of a valuable method of infant feeding with reinforced protein milks which is often used in difficult cases. The short section on weaning is not very satisfactory.

Elsewhere in the book the author not infrequently selects the less orthodox methods of treatment for description, but he does not quote his results to convince us that his choice has been a wise one.

In spite of the many defects there is much that is of value in Dr. Pritchard's book. It covers a wide field, and many practical details are given in the paragraphs on treatment. A chapter on diseases of the skin and their treatment should be useful to the medical practitioner in his paediatric practice. At the end of the book there is an appendix in two parts, the first part being a list of prescriptions and pharmacological preparations, the second comprising short sections on the technique of various clinical procedures. The sections on blood transfusion and continuous intravenous drip technique in Part II of the Appendix are definitely poor, and would have been better left out of the book altogether, since they are far too sketchy to be of any real practical value.

In conclusion perhaps the book should be recommended to the practitioner of some experience rather than to the student working for his final examinations. The former will be in the position to read it critically, whereas the latter may, from lack of experience, accept too much without question.

CIVIC PLANNING

Health and Garden Cities. By NORMAN MACFADYEN, M.B., D.P.H. (Garden Cities and Town Planning Association, 13, Suffolk Street, S.W. 1.) Price 6d.

In eight pages with eight photographs this essay in pamphlet form is a very disturbing contribution for the thinking medical mind. It sets out no new theories, but with a quiet and effective dignity puts the case for the planning of living centres of the garden city type.

The author compares health statistics of Welwyn Garden City, of Letchworth Garden City and of Wythenshawe (satellite to Manchester), with those of Manchester City, of Clearance Areas, and of England and Wales in general.

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Disturbing this pamphlet is by the way it proves its case. But more disturbing is the question it has raised, but does not answer. Who will apply these conclusions on a national scale, and how will they do it ?

The three planned cities of England are mere social laboratories, small spots of positive health in a land struggling against man-made difficulties of keeping well. Pamphlet No. 1 has set the problem. We look forward to reading the methods of solving it in the other publications of the Association.

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MATHEMATICS AND MEDICINE

Principles of Medical Statistics. By A. BRADFORD HILL, D.Sc., Ph.D. (London : *The Lancet*, Ltd., 1937.) Price 6s.

The excellent series of articles on medical statistics by Dr. A. Bradford Hill which were published in the *Lancet* during the year 1936 have been re-issued in book form. The Editor of the *Lancet* is to be congratulated for inviting Dr. Bradford Hill to write on this important subject.

During recent years the subject of statistics has assumed an important place in clinical medicine. The solution of many problems which engage our attention to-day depends ultimately on statistics. It is often stated that figures can be made to prove anything and even the truth, and this is probably due to the fact that statistics have been based on insecure foundations. In many published papers where statistics are used it is obvious that the figures are too limited in their scope, and the degree of error so great as to prohibit the interpretation which is given. In order to utilize statistics in medicine a certain standard of statistical technique is essential in order to analyse and test the meaning of the figures. The author of this excellent book has demonstrated the ways in which investigations should be planned and the analysis of the figures obtained.

In the discussion on "The Aim of the Statistical Method", the author calls attention to the importance of the planning of an experiment, and to ensure that as far as possible the control and treated groups are the same in all *relevant* respects. The experimenter must have a knowledge of what is likely to be relevant in a specific problem, and the statistician's task is to suggest means of allowing for the disturbing causes either in planning the experiment or in the analysis of the results.

A section is devoted to the important subject of "Selection". This is of prime importance when comparisons are being made concerning the value of different methods of treatment. When comparisons are made between one sample and another the possible presence of selection must always be considered. With regard to the presentation of statistics tabulation is essential, and in addition, graphs are of considerable aid. Both must be self-explanatory. If observations are excluded from the tabulated series the reasons for such exclusions must be stated clearly.

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FROM ACROSS THE RIVER

St. Thomas's Hospital Reports. Vol. II. Second series, 1937. Editors, Prof. DE WESSELOW and Mr. MAX PAGE. Pp. 271. Price 7s. 6d.

Comment has already been made elsewhere on the excellence of the make-up of this publication and the disparity in price between it and our corresponding number. Suffice it to say that we would heartily endorse those comments, and join our plea for a substitute on similar terms.

With regard to the subject-matter, however, we hardly feel constrained to sing a paean of such comparative praise. It is true that the standard throughout is high and the range of subjects wide, but it is no more than can reasonably be expected of an annual review from a large teaching hospital. This number, in particular, is notable for an analysis of the results of surgical treatment in Graves's disease, hypertrophic pyloric stenosis, perforated peptic ulcer, carcinoma of the breast, imperfect descent of the testis and femoral hernia. The first of these deals with a series of cases too short to allow of statistical deductions, and it seems a pity that Mr. Mimpriss has not given his Hunterian lecture figures to illustrate his article on the undescended testis. They, too, comprised a short series only, but any deductions would be made convincing with figures to support them. The other four subjects, however, have been statistically and ably surveyed, and Mr. Boggan's emphasis on the unnecessarily high mortality, especially from perforated gastric ulcers, might and no doubt will be profitably noted in other surgical centres. We take issue with him, however, over his explanation of Judine's low mortality-rate in Russia as due to "the type of case being different in various countries". Might it not just be the type of ambulance service?

The medical side of the treatment of peptic ulceration is discussed by Dr. Hearn, who has analysed the value of the Meulengrach diet in gastro-duodenal haemorrhage, and Dr. Letheby Tidy has written a full and excellent account of glandular fever. Other notable medical contributions are on antitoxin therapy in gonorrhœa, and prognosis in occupational dermatitis, where the importance is pointed out of a gradual development of sensitivity to one or more irritants. Finally, mention must be made of Dr. Nosworthy's article on the value of anaesthetic records, and a discussion on the important question of pre-operative preparation. We find it hard, however, to agree that after an adult dose of nembutal of 4-5 grains, two more capsules each of a grain and a half should be given if the patient is not asleep in half an hour. These, however, are trifling comments, and do

not detract in any way from the great interest and attraction of the whole volume, which makes most stimulating reading. We cannot, in fact, recommend it too highly.

Organic Chemistry. By FREDRICK PRESCOTT, M.Sc., Ph.D., A.I.C., and DUDLEY RIDGE, M.Sc., A.I.C. (University Tutorial Press.) Price 8s. 6d.

Too often organic chemistry is regarded by the young medical student as an unpleasant stile in his path to qualification to be surmounted and forgotten with all possible speed, but he should realize that it gives him a wide viewpoint upon the specialized fields of biochemistry and pharmacology, and that it is entering more and more into experimental medicine. Drugs are being transformed from an empirical basis to an exact scientific one. Preparations and decoctions of herbs and roots are being gradually replaced by organic compounds of known constitution and structure.

There are several text-books of organic chemistry which cater for the needs of different grades of science students, but few are written for the benefit of the medical student, to include certain subject-matter usually relegated to advanced text-books. This book is an endeavour to fill that gap, and at the same time provide for men taking a general B.Sc. degree of London.

The lay-out of the text, the print and spacing of the formulæ are admirable, yet it is quite a compact volume. The order of the subject-matter follows the usual lines. Each chapter is followed by a list of test questions. All accounts of practical preparations have been omitted quite rightly, but the outlines of purification processes have been simplified a little too much by the omission of any mention of steam distillation and the theory of fractional distillation. This, however, is more than counterbalanced by an excellent and lucid chapter on the Electronic Theory of Valency.

A full account of protein, carbohydrate purine and enzyme chemistry and short notes throughout the book on compounds such as the spirochetal arsenicals, etc., bridge the gulf which is felt to lie between the first-year organic chemistry syllabus and the strange, complicated compounds encountered in biochemistry and pharmacology. But it is a pity that no mention is made of that meteoric drug p-amino-benzene-sulphonamide, or of the carcinogenic agents and their chemical relationship to the sterols—but these are minor points.

This is a well-planned text-book and is thoroughly recommended. It is worthy of a long life.

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In examining the mucous membranes of the body and in diagnosing their pathological conditions the eye is probably the most useful clinical weapon we have. The anatomical difficulties of viewing the gastric mucosa have been a considerable handicap in the past to the study of gastric disease. Since the 'sixties of last century, when Kussmaul passed a straight tube down the oesophagus of a sword-swallower, there has been persistent effort to invent a safe and practical gastroscope. As long ago as 1910 a gastroscope was used by a limited number of research workers, but it was not until 1932 that this investigation became really popular through the introduction of the flexible instrument. This was devised by G. Wolf, with the co-operation of Schindler and Henning.

Prof. Henning is therefore well qualified to write on the subject. This book is the outcome of nine years' enthusiastic study and practice of gastroscopy. Its purpose is to provide a ". . . small modern guide to gastroscopy to enable the student to supplement his practical study of the subject". The main tasks the author set himself, therefore, were to describe the modern instruments, the technique and the more important gastroscopic appearances. This has been done excellently in a clear and succinct manner. Though only 90 pages in length, everything relevant to the subject is included. The text is supplemented by some beautiful plates and illustrations, direct gastro-photographs, coloured and uncoloured water-paintings, etc.

Though the dangers and difficulties of the technique are still sufficient to prevent its use outside the hands of a specialist, no one should miss reading the chapters on Indications and Contra-indications for Gastroscopy, Gastroscopic Findings in Diseases of the Stomach and the Value of Gastroscopy in Clinical Diagnosis. In the diagnosis of gastritis lies the chief value of the gastroscope, and the frequency of this complaint is an indication of the extensive use that will be made of the instrument in the future.

Mr. Rodgers is again to be congratulated for another contribution to the advancement of this subject. The translation is couched in clear, lucid language, which enables the ordinary reader to follow all parts of the book with ease and understanding.

I was a Probationer. By C. J. KERR. (Chapman & Hall, Ltd.) Price 10s. 6d.

This is the story of a girl's first three months as a night probationer in a big San Francisco hospital. To anyone acquainted with the inside of an institution it is not an

exciting book. Its object is apparently to give a frank account of a nurse's life as she first sees it; as such it will doubtless realize some of the high news value that the underside of medicine invariably obtains with the general public.

It fails to give a comprehensive idea of nursing conditions, as the three months covered (the first quarter of the book is spent on three nights) is too short for the nurse (or the reader) to get her balance.

There are some unfortunate Americanisms which do not ring true.

The characters of the two probationers are pleasantly drawn, and one gets to like them, but it is hard to reconcile the gentle, sympathetic writer with some of her lurid details.

The discovery and dismissal of a senior nurse for drug stealing and the heroine's romance with a houseman seem principally to hold the reader's interest in an otherwise plotless story.

There is a plea for shorter working hours and more comfortable uniform for nurses which is not out of place in this country.

Myocarditis: The St. Cyres Memorial Lectures, 1937. (Eyre & Spottiswoode, Ltd.) Price 10s. 6d.

This volume contains six lectures given under the trusteeship of the National Hospital for Diseases of the Heart. The lectures deal with various aspects of myocarditis. Dr. J. Strickland Goodall, in two lectures, deals with general aspects of myocarditis, and gives a general survey of the subject, particularly stressing those points of view which, though individual, are stimulating and for which he was noted during his lifetime. Possibly the most valuable of the contributions is that by Prof. K. F. Wenckebach, in which he gives an excellent survey of the history, pathology, clinical aspects and physical findings of the heart in a tropical avitaminosis (beri-beri). He particularly stresses the fact that the cardiac failure in beri-beri is one of the heart as a whole, that there is no relative failure of either the left or of the right side. Under these circumstances it is evident that although the circulation as a whole is slowed up, the failure of the right heart is in a way an insurance that the left heart shall not be overburdened. In his words, it realizes that "the left heart does not receive more blood than the right heart is able to transmit", and again: "the more the right heart suffers and fails, the safer the left heart becomes". This general law is applicable to any condition in which the heart muscle as a whole suffers in an equal manner and to an equal extent. In beri-beri thus, it is possible to formulate a law that "in equal and increasing feebleness of the whole heart muscle the patient suffers most and dies from the failure of the right

side of the heart only". A second point which he stresses is the rapidity of enlargement, and the rapidity of recovery from such enlargement, in the beri-beri heart. He points out that the most probable explanation for this rapid variation in size, is that during the active stage of the condition the heart muscle takes up an excess of water, although it becomes free from this excess when vitamin B is given. It is tempting to believe that the similar rapid change in the size of the heart in myxoedema may be due to a similar hydration and dehydration. Dr. R. O. Moon in his lecture makes some interesting observations on disease of the myocardium, and Dr. John Cowan gives a series of examples of cardiac fibroses. The sixth lecture by Dr. John Hay contains a number of exceedingly interesting and somewhat atypical cases of coronary thrombosis. This lecture is richly illustrated by electrocardiographic tracings.

Arteriovenous Aneurysm. By EMILE HOLMAN, A.B., B.A., M.D. (Messrs. Macmillan & Co., Ltd.)
Pp. xvi + 244. Price 21s.

Here is an excellent monograph on a subject about which many of us must feel our knowledge to be sketchy. The matter is set out in sufficient detail, without superfluities, by one who has made of it an intensive experimental and clinical study. Although the opportunity for practical application of knowledge gained is likely to come seldom to a clinician, at least in time of peace, nevertheless, the subject is one of great interest.

The book opens with an account of the changes brought about in the cardiovascular system by the establishment, and then by the closure of experimental arteriovenous fistulae. These changes are explained on a mechanical basis. Prof. Holman sees in the total blood mass a most important factor, and alterations in this during the experiments are carefully analysed, with tables of blood volume and concentration and radiographs showing alterations in size of the cardiac shadow. Acquired fistulae of the extremities in man, are next considered, followed by an account of intracranial communications. Ligation of the internal jugular vein at the same time as arterial ligation is discussed, with some suggestions for methods of lessening the incidence of cerebral complications. There is mention of a bold method, used by Brooks, of introducing a long strand of muscle into the internal carotid in the neck in order to obtain thrombotic occlusion of an arteriovenous opening in the cavernous sinus. The two cases on whom this technique was used gave successful results. Following this are short sections on intrathoracic and mycotic fistulae, with a third, which one could wish longer, on congenital communications between arteries and veins. The main

section of the book closes with chapters on the ductus arteriosus and on congenital intracardiac fistulae.

Case-reports and details of experiments are almost confined to lengthy appendices, so making for smooth reading of the text. The print is large and clear and the binding is hardy.

Surface and Radiological Anatomy. For Students and General Practitioners. By ARTHUR B. APPLETON, M.A., M.D.(Cantab.), WILLIAM J. HAMILTON, M.D., B.Ch.(Belf.), D.Sc.(Glas.), F.R.S.E., and IVAN C. C. TCHAPAROFF, M.A., M.D., B.Ch.(Cantab.), D.M.R.E. (W. Heffer & Sons, Ltd., Cambridge.) Price 15s.

There must be almost universal feeling amongst students in the early stages of their clinical work, that much of the time spent in learning the detailed internal anatomy of the body might far better have been used for establishing their knowledge of surface and radiological anatomy on a firmer basis.

It is an interesting fact that the majority of books on surface anatomy have made so little use of normal radiographic appearances for the teaching of their subject. All too often the student is left with the impression that the living viscera are mere immobile objects suspended in the body cavities.

It is good to see, particularly with regard to the thorax and abdomen, that the authors of this book take great pains to make the reader thoroughly conversant with the varying shape and disposition of the organs in the living subject.

The reproduction of coloured plates of the dissected part alongside of the photographs of the living subject enables one to master rapidly the important features of the region under consideration, whilst the profusion of exceedingly well reproduced radiographs does much to dispel the reader's impression of surface anatomy as a static subject.

Some of the more difficult radiographic appearances are very well elucidated by means of the outline diagrams which are printed alongside, this feature being especially noticeable with regard to the oblique views of the chest.

The authors of this book are to be congratulated upon the excellence of their work, and also upon their good fortune at having had so competent an artist as Mr. A. K. Maxwell for the execution of the figures and coloured plates. Lastly great credit is due to the publishers that so lavishly illustrated a book can be turned out at the exceedingly low price of fifteen shillings. We strongly recommend this book to all second M.B. students, and feel that they will gain much from a careful study of its pages.

BOOKS FOR NURSES

A Text-book of Eye, Ear, Nose and Throat Nursing.

By ABBY-HELEN DENISON, R.N. Revised by LYLYLI EKLUND, R.N. (Messrs. Macmillan & Co., Ltd.) Price 12s. 6d.

This book is one which should appeal to all nurses who are specializing in these particular subjects, and it is also, by reason of its simplicity, highly suitable for nurses in general training, who have to know something of all branches of nursing work. I like especially the *résumé* of the anatomy and physiology of the organ which precedes each section of pathology and treatment. Whereas some of the drugs given are unfamiliar to us in this country, and the terminology slightly different in some cases, the interest and value of the book are not lessened thereby. The general make-up is superior as to both paper and print, and the illustrations are clear and should be helpful, although save to those nurses engaged in the special work which this book covers, the price may be a deterrent to its general use.

The final chapter deals with the Social Service Department which is considered an essential in any modern hospital, and experience in which is evidently included in the curriculum of the nurse's training. This is interesting in showing how the home, the individual and the economic conditions can lessen the good work done in the hospital ; and also how co-operation between the social worker and the hospital can result in making good, economically independent citizens of those who otherwise might be so handicapped that they became permanent burdens on the community.

Manual of Tuberculosis. By E. A. UNDERWOOD. (E. & S. Livingstone.) Pp. 300. Price 8s. 6d.

This small book is intended to provide the information which a nurse may require in the management of a case of tuberculosis, either in hospital, or in the home.

To compress the whole study of tuberculosis into a book of this size is obviously impossible, and so we have an abbreviation of all the subjects, but yet the author manages to give an adequate description of each.

The book is written in simple, concise language, with emphasis on the essentials from the nursing point of view. It deals, first, with the tubercle bacillus, the method of infection, and how the body responds to this invasion.

The following five chapters are devoted to pulmonary tuberculosis. Especially good is the discussion of the symptoms of this condition. The trying episodes in nursing these cases are anticipated and possible solutions suggested. There is a full description of the sanatorium *régime* and how it can be adapted for use in the private home. The modern methods of surgical treatment are mentioned, emphasis being put on the equipment which the nurse must have ready for the surgeon. It is unusual, though, to find the old funnel method of giving oxygen described as the most satisfactory.

The chapter on infection in childhood discusses the differences from adult disease, with the greater frequency of abdominal tuberculosis and its relation to infected milk. The Grancher system of removal of contacts is briefly mentioned.

Bone and joint tuberculosis is dismissed in one chapter, and so comes to be only a brief mention of each joint, with an indication of where plaster and splints are applicable.

The chapter on pathological examinations is good, as also are the last few chapters on the public health arrangements for dealing with tuberculous patients and the health factors in relation to incidence of the disease.

Thus the book deals well with the subject from the nursing point of view, though quite inadequate for anyone who desires detailed information.

Medicine for Nurses. By C. BRUCE PERRY, M.D., M.R.C.P. First edition. (E. & S. Livingstone.) Pp. 203. Price 5s.

In this book the author has set out to give a broad outline of the common medical diseases, with an account of principles rather than details of treatment. While not giving a full account of any diseases—indeed, the reading of the book would have to be supplemented by delving into larger text-books, since descriptions of some clinical investigations such as liver function tests and gastric test-meals are omitted—the author gives in a short space and easily readable form a well-proportioned bird's-eye view of medicine for any who are beginning the subject. The particular merit of the book lies in its logical presentation of the facts and descriptions of the significance of common symptoms, and especially of the explanations on first principles of the methods of treatment, rather than giving a parrot-fashion list of activities and drugs to be exercised upon the patient. Attention is also paid to special points in the nursing of particular diseases.

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Diet and High Blood-pressure. By Dr. I. HARRIS. (The Hogarth Press.) Price 10s. 6d.

This "code of living designed to prevent high blood-pressure, heart disease, and premature ageing", from the pen of a heart specialist, is written for the intelligent layman, and for the normal individual rather than for people suffering from high blood-pressure.

The author believes that a protein intake greatly exceeding demand is the cause of high blood-pressure, renal and cardiac disease, and has designed a diet based on a daily protein intake of 2 oz. The prophylaxis of high blood-pressure is presented as part of the general "hygiene of a quiet mind", and directions are given regarding sleep, exercise, etc. The diet tables which form the appendix equal in strictness the early anti-diabetic régime, and it appears doubtful whether a normal individual, in contradistinction to a hypochondriac, will adhere to them, even when convinced of their value.

The pertinence of some of the author's general remarks might be questioned, and in an attempt at over-simplification of physiology, he is apt to sacrifice strict scientific accuracy. The book is the statement of a personal creed, and will be taken as such by medical readers. As a guide for the general public it cannot be recommended without great reservations, for, loosely written as it is, it may well add a new phobia to the already existing surplus, without achieving its aim of preventing unnecessary disease.

Text-book of Histology for Medical Students. By E. E. HEWER, D.Sc. (London : Heinemann, Ltd.) Pp. 365. Price 15s. net.

The letterpress of Dr. Hewer's book, which is produced in an attractive format, is good, lucid and adequately detailed, while it introduces useful notes on the variations of tissue structure within the limits of what may be called normal pathological changes.

There are some few inaccuracies of typography or fact : the index refers to modes of Ranvier, while Leishman's name is spelt Leishmann throughout. On p. 206 all the salivary glands are termed

compound tubular glands, though the error is in part atoned for on p. 236. Most histologists would also disagree with Figs. 304-5-6, as, in fact, does the text.

Illustrations in any volume of normal or morbid histology, whether taken from photomicrographs, or from coloured or half-tone drawings, should never be less than first class if they are to be of full use to the student for comparison with his own specimens. (A signal-green screen between the light-source and the condenser of the microscope will give routine-stained specimens a good approximation to a half-tone reproduction.) It detracts from the value of the present volume that many of the photographic illustrations are not comparable in excellence with the text.

The section on the reticulo-endothelial system serves as a reminder that the time is overdue for an authoritative article, which will collate and interpret the often confusing accounts which are to be found in the literature dealing with this widely dispersed and unhappily named group of cells.

Also received.

The Nurse's Dictionary. Sixteenth edition. Revised by FLORENCE TAYLOR, S.R.N., D.N. (Faber & Faber, Ltd., 1937.) Price 3s.

The Nurses' Encyclopedia, Diary, Guide. Thirty-first year. Revised by DOROTHY M. HOPKINS, S.R.N. (Faber & Faber, Ltd.) Price 2s. and 1s. 6d.

A Pocket Medical Dictionary. By LOIS OAKES, S.R.N., D.N. Third edition. (E. & S. Livingstone 1938.) Price 3s.

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Preliminary Questions and Answers. By F. NORTON, S.R.N. Fifth edition. (Faber & Faber, Ltd.) Price 1s. 6d.

Notes on Bacteriology and Clinical Pathology for Nurses. By HERBERT ROGERS, M.D., Ch.B. (H. K. Lewis & Co., Ltd.) Price 1s.

A TEXTBOOK OF GASTROSCOPY

By NORBERT HENNING

Professor of Medicine in the Municipal Hospital, Fürth; Formerly Privatdozent in the University of Leipzig and Senior Assistant in the Medical Clinic of the University

Translated by HAROLD W. RODGERS, F.R.C.S.
Chief Assistant, Surgical Unit, St. Bartholomew's Hospital

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